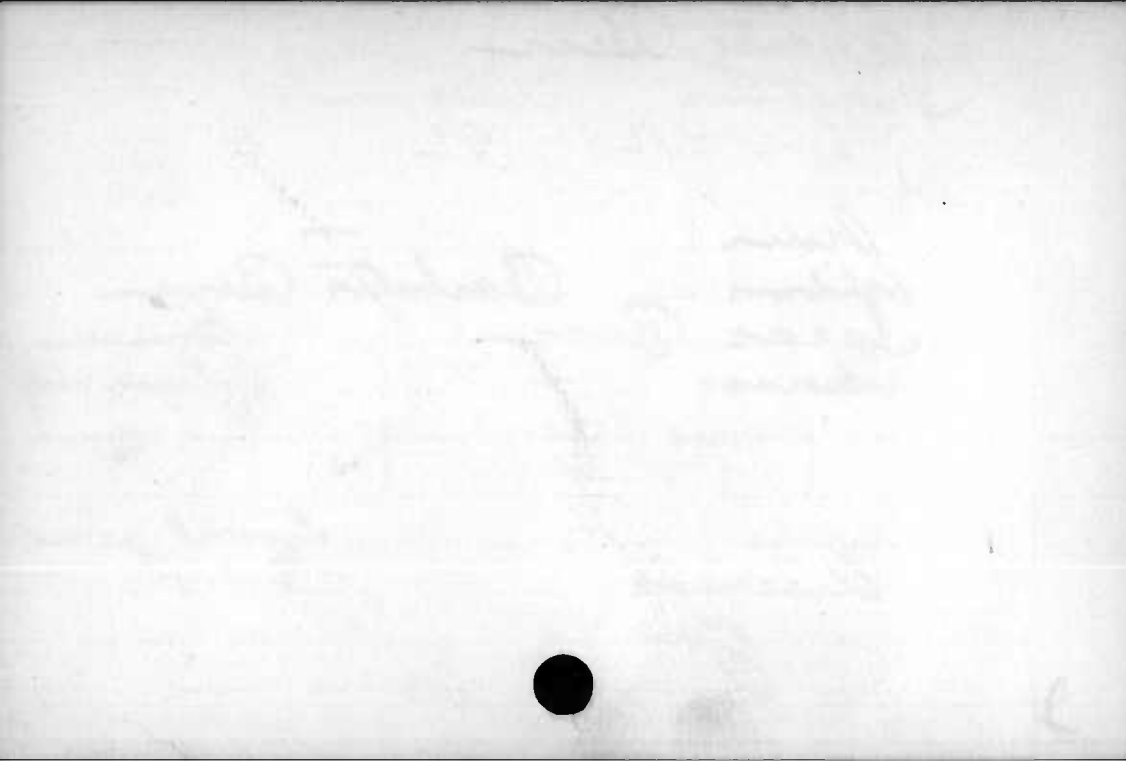


Name in Full		Town				County		CERTIFICATE OF DEATH			
Dorcas R. Ambrose		Cumberland		Allamany		MARYLAND					
Died at		Date of death		Month	Day	Years	Months		Days		
190		Dec		13	4	Age	11		16		
Sex		Color or Race		Birth-place							
Female		White		Maryland							
Occupation		Where Residing if not at place of death									
None		Cumberland Md									
Married, Single or Widowed		Name of Wife or Husband									
Single		None									
Father's Name		Father's Birthplace									
H. Hugo Ambrose		H. Va									
Mother's Maiden Name		Mother's Birthplace									
Bertrude Shipley		H. Va									
Name of person giving information		How related to deceased									
Perry Shipley		Uncle									
		CAUSES OF DEATH		76							
Primary		How long									
Aden 7200		2 weeks									
Immediate		How long									
Meningitis		2 days									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		H. H. Shaver M.D.									
		Address									
		27 R. Mechanics									
		Cumberland Md									
Accident or Suicide?											



Name

in  
full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harts Bear</i>		Town <i>Firthing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death	1907	Month	Dec.	Day	12	Age	92
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>Barbetta Bear</i>				
Father's Name	<i>Isaac Bear</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Theresa</i>					Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Mrs. Bear</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>Several years</i>
Immediate	<i>Uremia</i>	How long	<i>About 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. C. C.</i>
	<i>No</i>	Address	<i>Firthing Ave.</i>
Accident or Suicide?	<i>No</i>		

Hafar

Name  
in  
Full

Harry Brown.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Lumbard* County *Acuagay* MARYLAND

Died at *Lumbard*

Date of death 1907 Month *Dec* Day *5* Age Years *23* Months *5* Days *-*

Sex *male* Color or Race *White* Birth-place *Pa*

Occupation *Lather* Where Residing if not at place of death *-*

Married, Single or Widowed *married* Name of Wife or Husband *Louisa Brunet*

Father's Name *J. A. Brown* Father's Birthplace *Pa.*

Mother's Maiden Name *Maryette Kline* Mother's Birthplace *Pa.*

Name of person giving information *J. A. Brown* How related to deceased *Father*

## CAUSES OF DEATH

11

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *4 weeks*

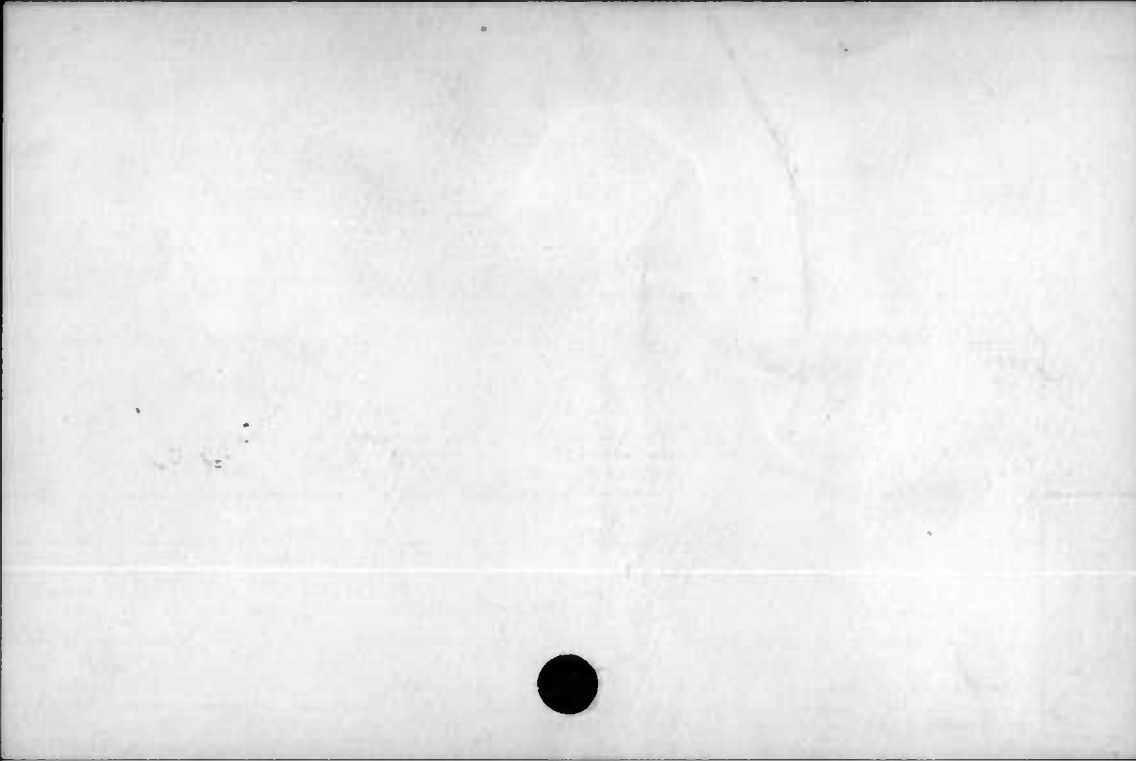
Immediate *Exhaustion* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. W. White*

Address *Worcester Lumbard Md*

Accident or Suicide? *-*



Name in Full **Maurice Edward Brown**

CERTIFICATE OF DEATH

Died at **Cumberland** <sup>Town</sup> **Alleghany** <sup>County</sup> **MARYLAND**

Date of death **1907** <sup>Month</sup> **Dec.** <sup>Day</sup> **30** <sup>Years</sup> **Age** **21** <sup>Months</sup> **9** <sup>Days</sup> **1**

Sex **Male** Color or Race **White** Birth-place **Louden Co. Va**

Occupation **B+O. Fireman** Where Residing if not at place of death **Cumberland Md**

Married, Single or Widowed **Single** Name of Wife or Husband \_\_\_\_\_

Father's Name **Joseph Edward Brown** Father's Birthplace **Louden Co. Va**

Mother's Maiden Name **Gertrude Gillett** Mother's Birthplace **Louden Co Va-**

Name of person giving information **Brother Wm. Brown** How related to deceased **Brother**

CAUSES OF DEATH

Primary **Typhoid Fever** How long **4 weeks**

Immediate **Pneumonia** How long **4 days**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician

Address

**F. H. Dartsdale.**

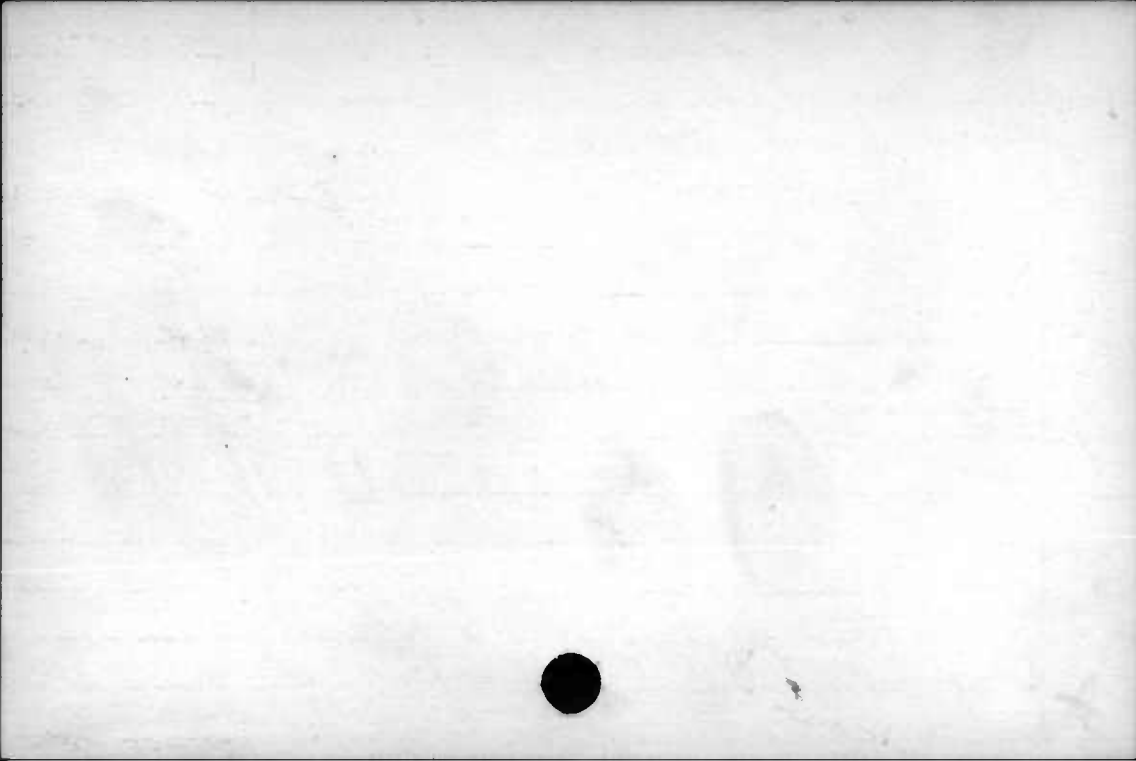
**132 Va. ave.**

**Cumberland Md.**

Accident or Suicide? **— —**

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



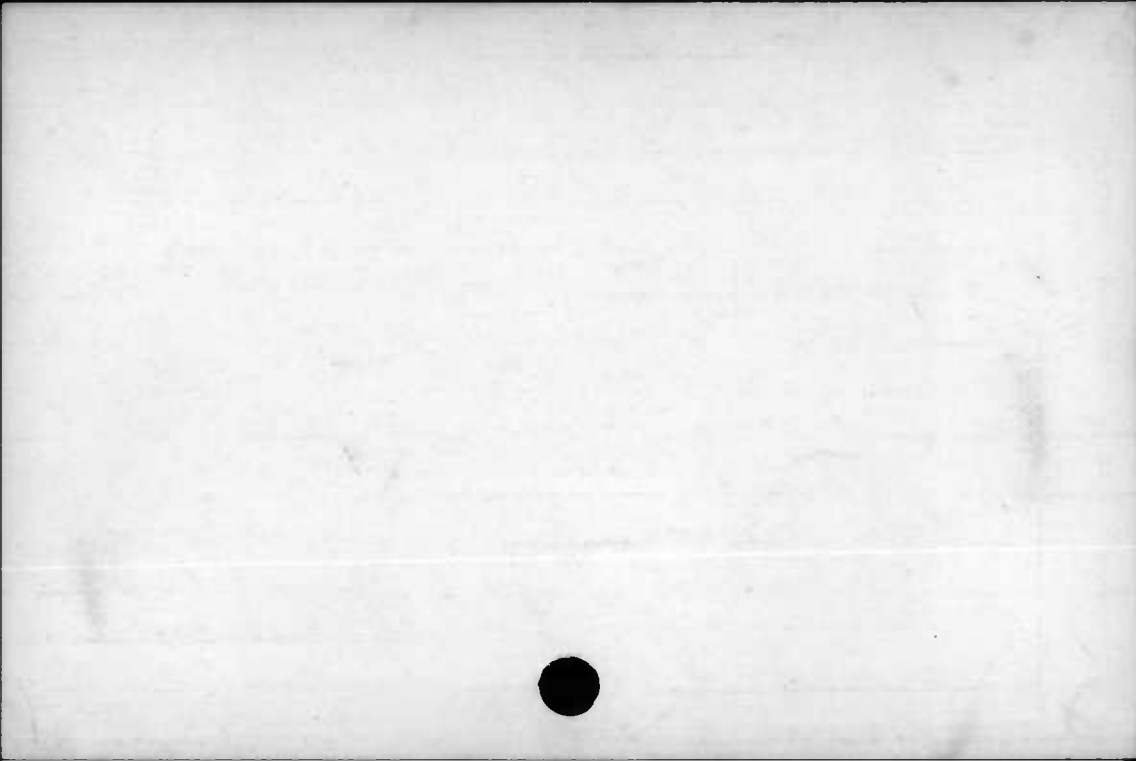


Name in Full		Certificate of Death			
Amie <del>Wentworth</del> E. Bessma		Town		County	
Died at Cumberland		Allegany		MARYLAND	
Date of death		Month	Day	Years	Months
1907 Dec		25	Age	75	2
Sex		Color or Race	Birthplace		
Female		White	Virginia		
Occupation		Where Residing if not at place of death			
Housewife		at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Wm. W. W. W.			
Father's Name		Father's Birthplace			
Do not know		Do not know			
Mother's Maiden Name		Mother's Birthplace			
Do not know		Do not know			
Name of person giving information		How related to deceased			
Mary E. Stauchman		Daughter			
CAUSES OF DEATH					
Primary		How long			
Chronic Gastritis		3 years			
Immediate		How long			
Exhaustion		1 week			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		William R. Ford M.D.			
Steen		Address			
		116 Va. Ave.			
Accident or Suicide?		Cumberland, Md.			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

104



Name  
in  
Full

Jeddy. V. Chatman

## CERTIFICATE OF DEATH

Died at *Conn. d.* Town

County

*Allegay*

MARYLAND

Date

of death

*1907*

Month

*Dec*

Day

*8*

Age

Years

*1*

Months

*-*

Days

*21*

Sex

*Male*Color or  
Race*Colord*Birth-  
place*Conn. d.*

Occupation

*none*Where Residing if not  
at place of deathMarried, Single  
or Widowed*single*Name of Wife or  
Husband*-*Father's  
Name*Charles Chatman*Father's  
Birthplace*va*Mother's  
Maiden Name*Virgie Peck*Mother's  
Birthplace*W. va*Name of person giving  
In formation*Charles Chatman*How related  
to deceased*Father*

## CAUSES OF DEATH

**90**

Primary

*Cap. Bronchitis*

How long

*1 week*

Immediate

*Exhaustion*

How long

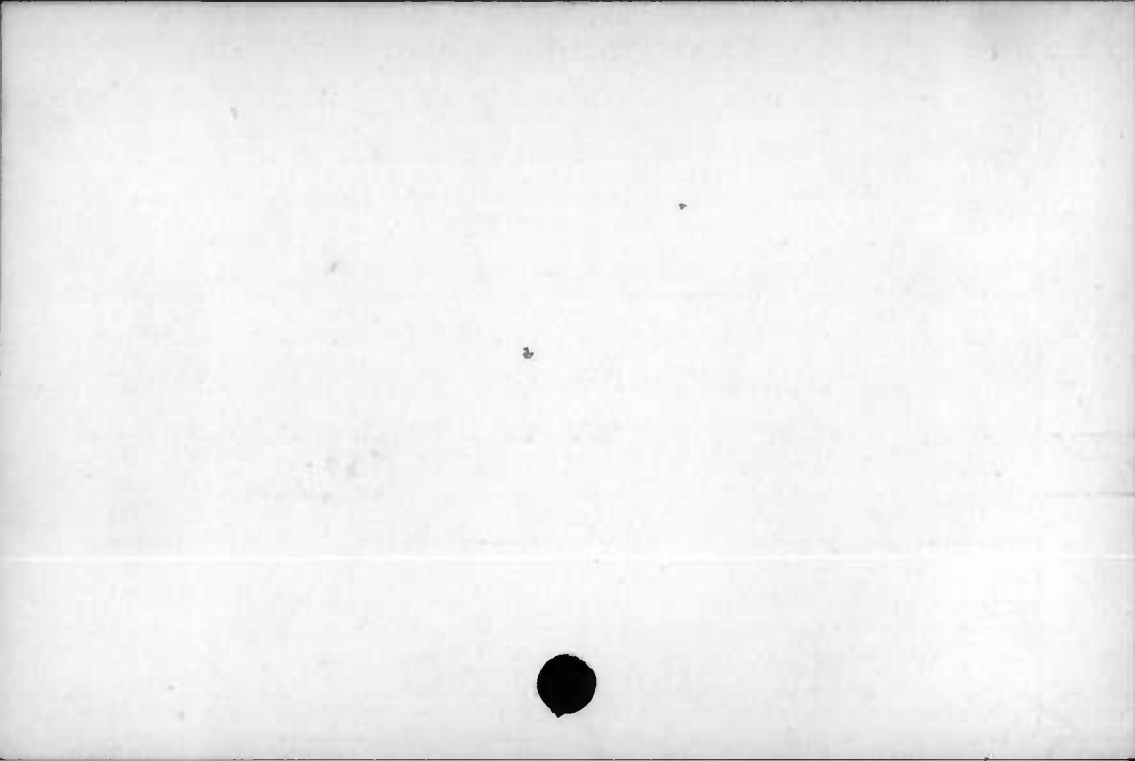
*2 days*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician*W. H. Brace Jr D*

Address

*D. C. B. B. B.**md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Sara Hylan Callans

Town

County

MARYLAND

Died at

Camdenland

allergang

Date

Month

Day

Years

Months

Days

of death

1907

12

17

Age

3

11

11

Sex

Female

Color or  
Race

White

Birth-  
place

Camdenland

Occupation

Where Residing if not  
at place of death

Camdenland

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Geo. W. Callans

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Emma Weber

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Mrs Cora Weber

How related  
to deceased

Grand Mother

CAUSES OF DEATH

93

Primary

Pneumonia

How long

2 weeks

Immediate

Paralysis & A. Haustor

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

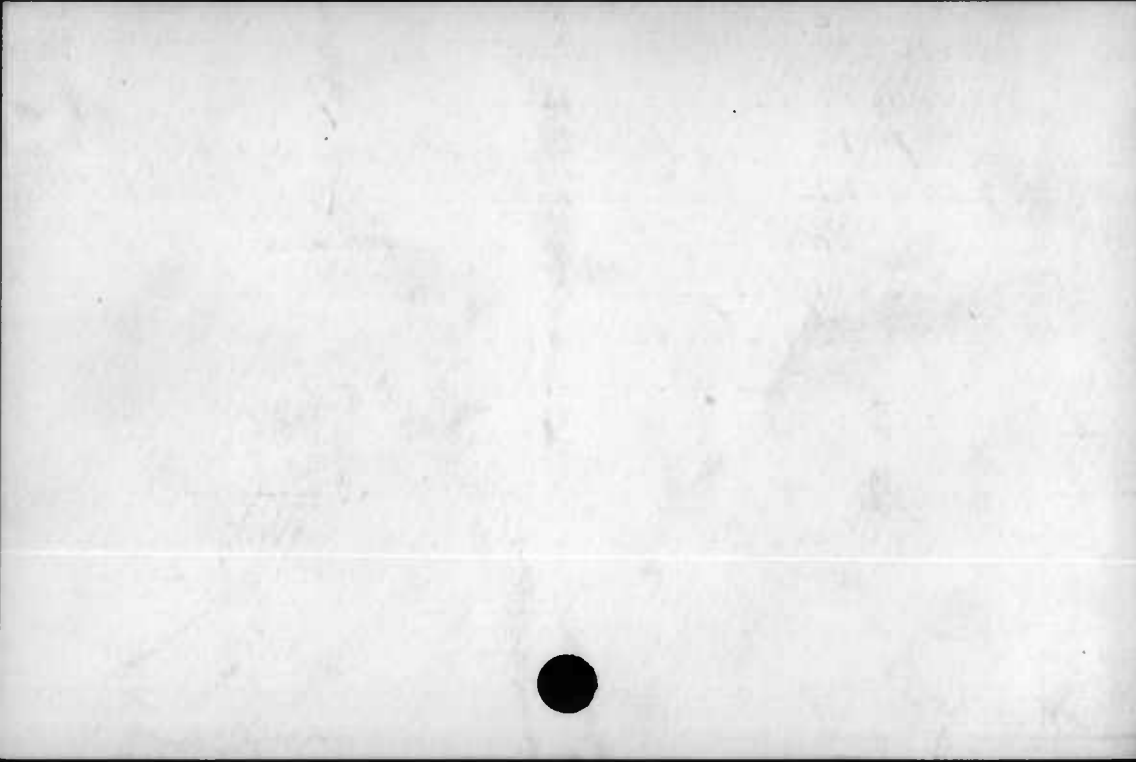
Address

Dr. F. H. H. H.  
Camdenland  
714

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

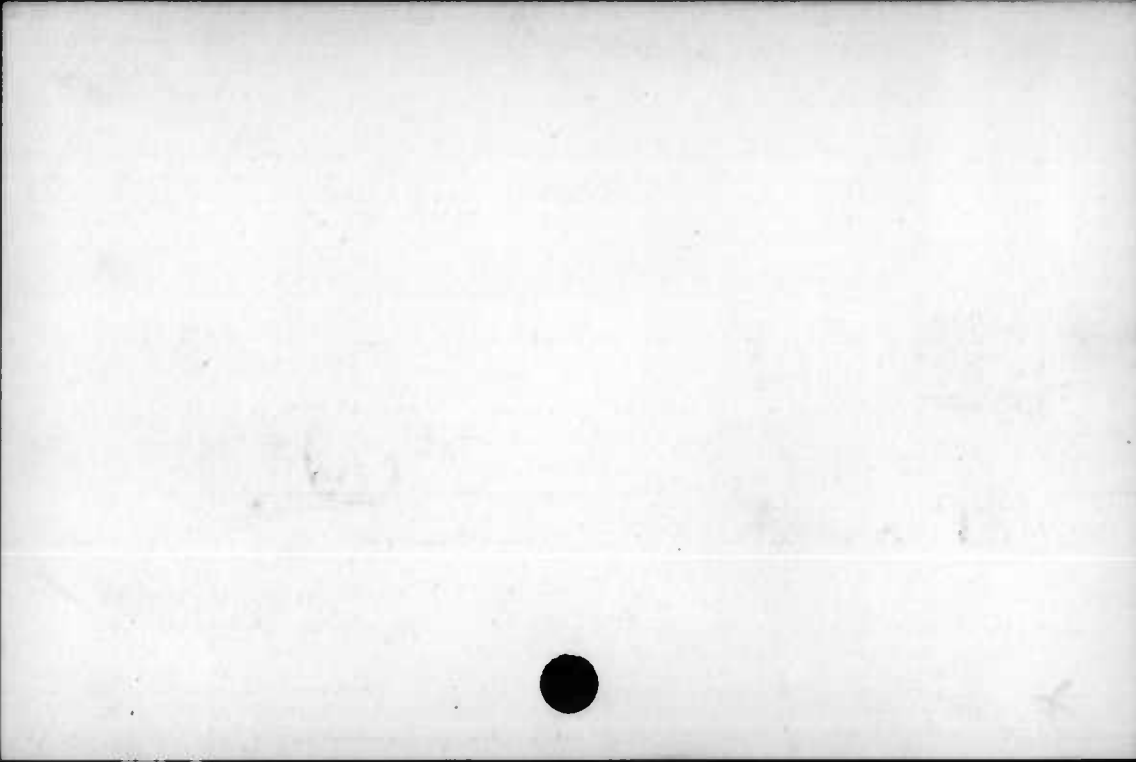
Died at		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1907	Month <i>Dec</i>	Day <i>27</i>	Age	Years <i>46</i>	Months <i>3</i>	Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth place	<i>Va</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>John A. Daniels</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Sarah J</i>					Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>Brother</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>La grippe</i>	How long	<i>2 weeks</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>Instant</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. L. Broadbent M.D.</i>
		Address	<i>Cumberland Md</i>
Accident or Suicide?	<i>No</i>		





Name in Full		Town				County		CERTIFICATE OF DEATH			
William Dean		Crumbo		Allegheny				MARYLAND			
Died at		Date of death		Month		Day		Years		Months	
1907		Dec		7		Age		46		—	
Sex		Male		Color or Race		White		Birth-place		W. Va.	
Occupation		Laborer		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Amanda Dean					
Father's Name		Do not know		Father's Birthplace		Do not know					
Mother's Maiden Name		Do not know		Mother's Birthplace		Do not know					
Name of person giving information		Amanda Dean		How related to deceased		Wife					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				79					
PHYSICIAN OR CORONER		Primary		Organic Heart Disease		How long		1 year			
		Immediate		Pneumonia		How long		3 days			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. H. Fraw			
		Address		Punches back road							
Accident or Suicide?		No									

Regina Victoria

Name in Full <b>William Fatkin</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Vale Summit</b>	County <b>Allegany</b>	
	Date of death <b>1907 Dec 21<sup>st</sup></b>		Age <b>52</b>
	Sex <b>Male</b>	Color or Race <b>White</b>	Birthplace <b>Vale Summit</b>
	Occupation <b>Teamster</b>	Where Residing if not at place of death <b>—</b>	
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Better Long</b>	
	Father's Name <b>Thomas Fatkin</b>	Father's Birthplace <b>Scotland</b>	
	Mother's Maiden Name <b>Barbara Robinson</b>	Mother's Birthplace <b>Scotland</b>	
Name of person giving information <b>Thomas Fatkin</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Paralysis</b>	How long / <b>at 8:30 - 21-12-07</b>	
	Immediate <b>Brain Clot</b>	How long <b>30 minutes</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>A. G. Smith</b>	
		Address <b>Midland Md</b>	
	Accident or Suicide? <b>—</b>		

H.

Vale Summit Conn.

Name  
in  
Full

Grace M Firlie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	23		—	—	6
Sex		Color or Race		Birth-place			
Female		White		Cumberland			
Occupation				Where Residing if not at place of death			
none				—			
Married, Single or Widowed		Name of Wife or Husband					
Single		—					
Father's Name				Father's Birthplace			
Edward Firlie				Md			
Mother's Maiden Name				Mother's Birthplace			
Wallie M Kaufman				Va			
Name of person giving information				How related to deceased			
Edward Firlie				Father			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary		How long	
Bipartite / Ber. H 8 mo		Life	
Immediate		How long	
Exhaustion from overwork		2 da	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Geo L Borden	
Address			
Stein.		Cumberland Md	
Accident or Suicide?			
No			

D. J. Kaufman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

infant of J. P. George

Town *Cumttd.* County *Armagh* MARYLAND

Died at *Cumttd.*

Date of death 1907 *Dec.* Month *29* Day Age *-* Years Months *-* Days *10*

Sex *Male* Color or Race *White* Birth-place *Cumttd.*

Occupation *none* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *J. P. George.* Father's Birthplace *N. ra.*

Mother's Maiden Name *Alice B. Berry* Mother's Birthplace *N. ra.*

Name of person giving information *J. P. George.* How related to deceased *Father*

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary *by administration Potent. Medicine* How long

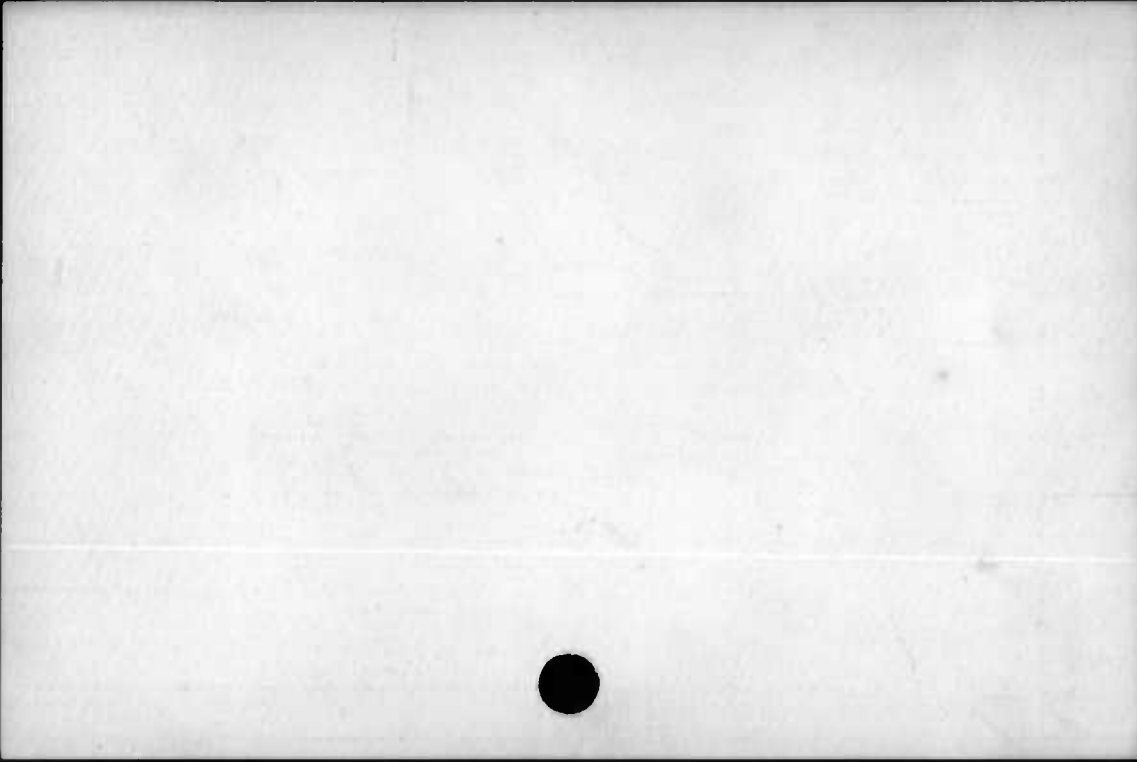
Immediate *Supposed to have chloroform in it* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. H. Maltz, Coroner*

Address *175 Cumttd.*

Accident or Suicide? *accidental*





Name in Full		Samuel I Gogley				CERTIFICATE OF DEATH	
Town		Cumberland		County		Allegany	
Died at		Cumberland		Allegany		MARYLAND	
Date of death		1907	Dec	29	Age	72	Months 6 Days -
Sex		Male		Color or Race		White	
Occupation		Black Smith		Birth-place		Carette Pa	
Where Residing if not at place of death		-					
Married, Single or Widowed		Married		Name of Wife or Husband		Emma	
Father's Name		John Gogley		Father's Birthplace		Pa	
Mother's Maiden Name		Cathrine Maulean		Mother's Birthplace		Pa	
Name of person giving information		Emma Gogley		How related to deceased		Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(93)</div>							
Primary		Pneumonia		How long		One week	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		James J. Thurman, M.D.	
Address		Steen		Address		Johnstown	
Accident or Suicide?							

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

|||||



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Ada M. Gosnell L.*

Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland*

Date of death 190 *7* Month *12* Day *27* Age *16* Years Months Days

Sex *Female* Color or Race *Black* Birthplace *Carroll Co*

Occupation *Local* Where Residing if not at place of death *Sylkesville Md.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Louis Gosnell L.* Father's Birthplace *Carroll Co.*

Mother's Maiden Name *Chara Groomes* Mother's Birthplace *Howard Co.*

Name of person giving information *Chara Groomes* How related to deceased *Mother*

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Lobar Pneumonia* How long *Six days*

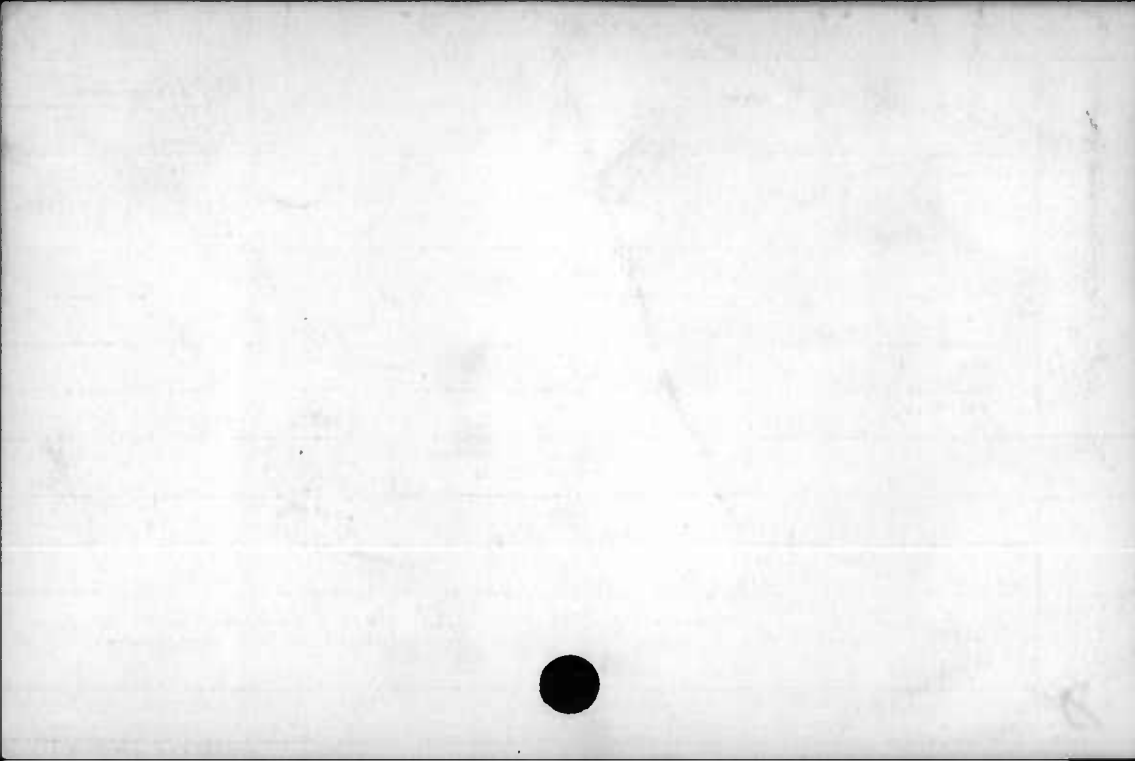
Immediate *Exhaustion* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. R. Hodges M.D.*

Address *Cumberland, Md.*

Accident or Suicide?



Name  
in  
Full

Catharine E Grubb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1907	Month Dec	Day 23	Age 5	Years 4	Months -
Sex Female		Color or Race White		Birth- place Cumberland			
Occupation none		Where Residing if not at place of death -					
Married, Single or Widowed Single		Name of Wife or Husband ---					
Father's Name Mr Grubb		Father's Birthplace Pa					
Mother's Maiden Name May Leader		Mother's Birthplace Pa					
Name of person giving In formation Mr Grubb		How related to deceased Father					

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	Burn	How long	
Immediate	Exhaustion, Convulsions	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician A. H. Hawkins		Address Cumberland Md	
Accident or Suicide?			

35  
16  
106

1111

Name  
in  
Full

Nathaniel L Henderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

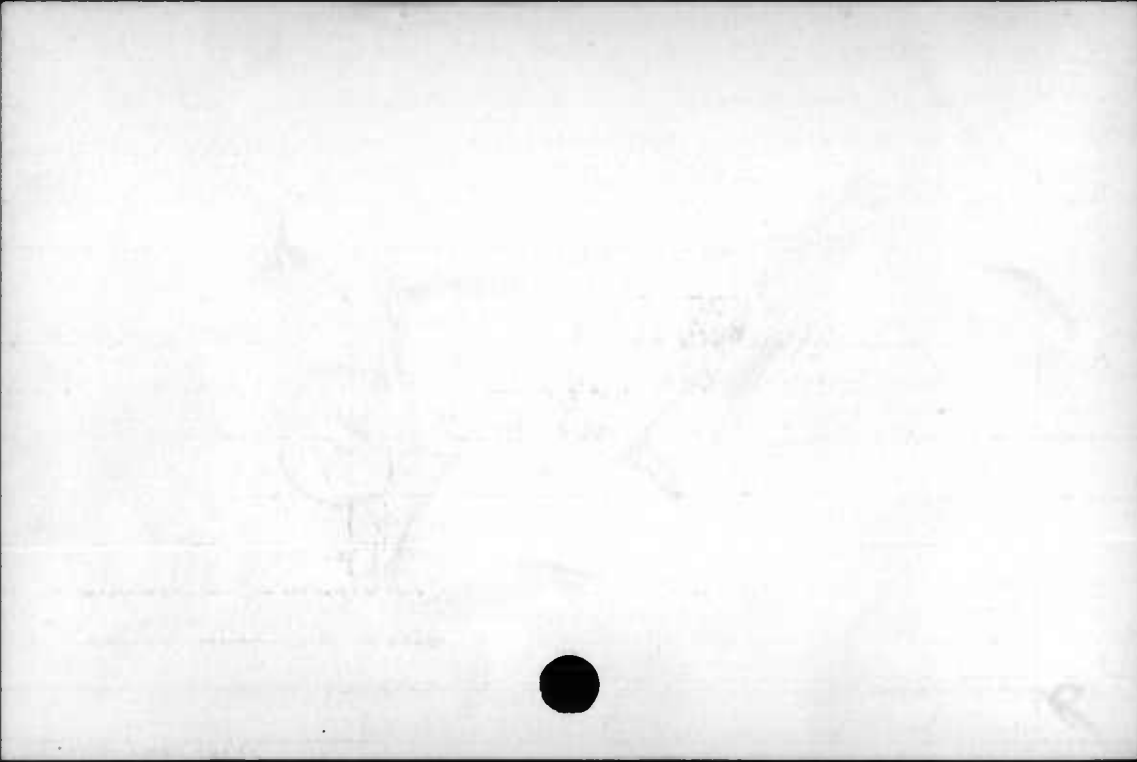
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1907	Month Dec	Day 20	Age -	Years -	Months 8-	Days 17
Sex	Male		Color or Race	White		Birth- place	Cumberland
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	J. C. Henderson				Father's Birthplace	Delaware	
Mother's Maiden Name	Josephine Willison				Mother's Birthplace	Allegany Co. Md	
Name of person giving In formation	J. C. Henderson				How related to deceased	Father	

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	3 days
Immediate	Spasms	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. H. Brauer
	Steele	Address	Cumt Md
Accident or Suicide?	Alcoholism		





Name  
in  
Full

Christian F. Hetzel.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

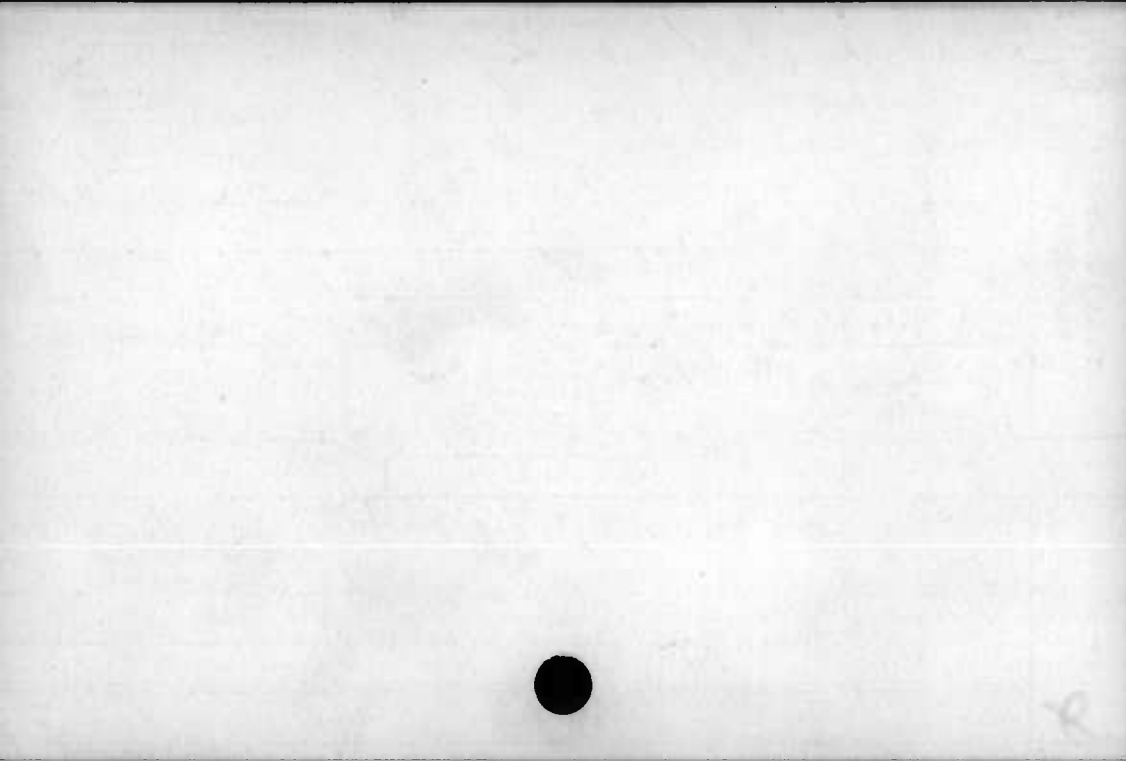
Died at <i>Cumtland</i>		County <i>Accugany</i>		MARYLAND	
Date of death	1907	Month	12	Day	29
				Age	169
Sex	Male		Color or Race	White	
Occupation	Local		Birth-place	Hertensburg, Ger-	
Where Residing if not at place of death			-		
Married, Single, or Widowed		Name of Wife or Husband			
		Margaret C. Gammes			
Father's Name		Philip F. Hetzel			
Mother's Maiden Name		Anna M. Yens			
Name of person giving information		Mary Shaffer			
Father's Birthplace		Hertenburg			
Mother's Birthplace		" " "			
How related to deceased		Lester			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>2 yrs</i>
Immediate	<i>Dichloro</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>H. F. Tamm</i>	
Address		<i>Cumtland</i>	
Accident or Suicide?		<i>no</i>	



Name in Full		Certificate of Death			
Mary Martha Johns		TOWN Cumberland COUNTY Allegany MARYLAND			
Died at		Date of death 1907 December 31st Age 86 Months 4 Days 27			
Sex female		Color or Race white		Birth-place Cumberland Md	
Occupation widow		Where Residing if not at place of death			
Married, Single or Widowed widow		Name of Wife or Husband Colonel Thomas Johns			
Father's Name Johnathan W. Magruder		Father's Birthplace Montgomery Co Md			
Mother's Maiden Name Mary Galloway Lynn		Mother's Birthplace Cumberland Md			
Name of person giving information Thomas J. Anderson		How related to deceased grandson			
CAUSES OF DEATH					
Primary Heart disease		How long 10 years			
Immediate Asphyxia		How long 4 hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. M. Spira			
		Address Cumberland Ma			
Accident or Suicide?					

In Fear

Name  
in  
Full

## CERTIFICATE OF DEATH

Rodger Edward Johnson.

Town

County

Died at

Lorhaconing

Allegheny

MARYLAND

Date

of death 1907

Month

Dec

Day

26

Age

Years

54

Months

6

Days

Sex

male

Color or  
Race

White

Birth-  
place

England

Occupation

Invalid

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Kelly

Father's  
Name

Rodger Johnson

Father's  
Birthplace

England

Mother's  
Maiden Name

Mary Ann Ellistt

Mother's  
Birthplace

"

Name of person giving  
In formation

Mrs. Rodger Johnson

How related  
to deceased

Wife

## CAUSES OF DEATH

(97)

Primary

Asthma

How long

17 years

Immediate

Anasarca, Asthenia

How long

2 years

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Henry M. Hodgson m?

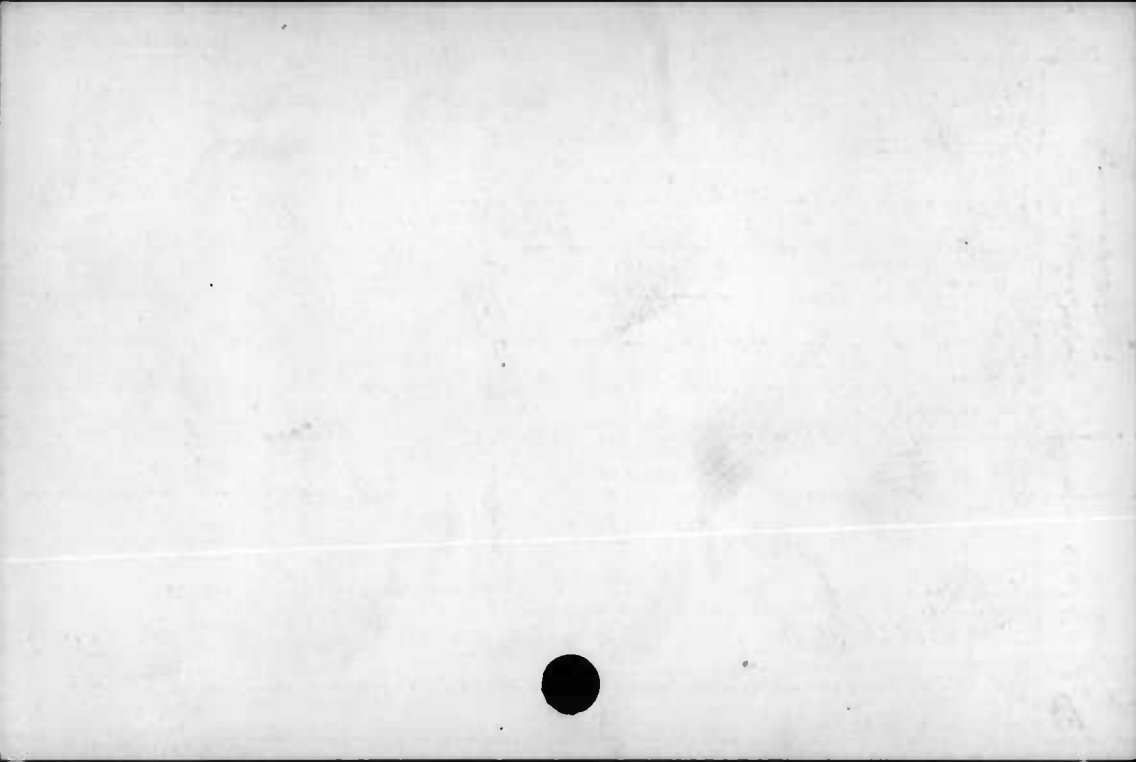
Address

Lorhaconing, Md.

Accident or Suicide?

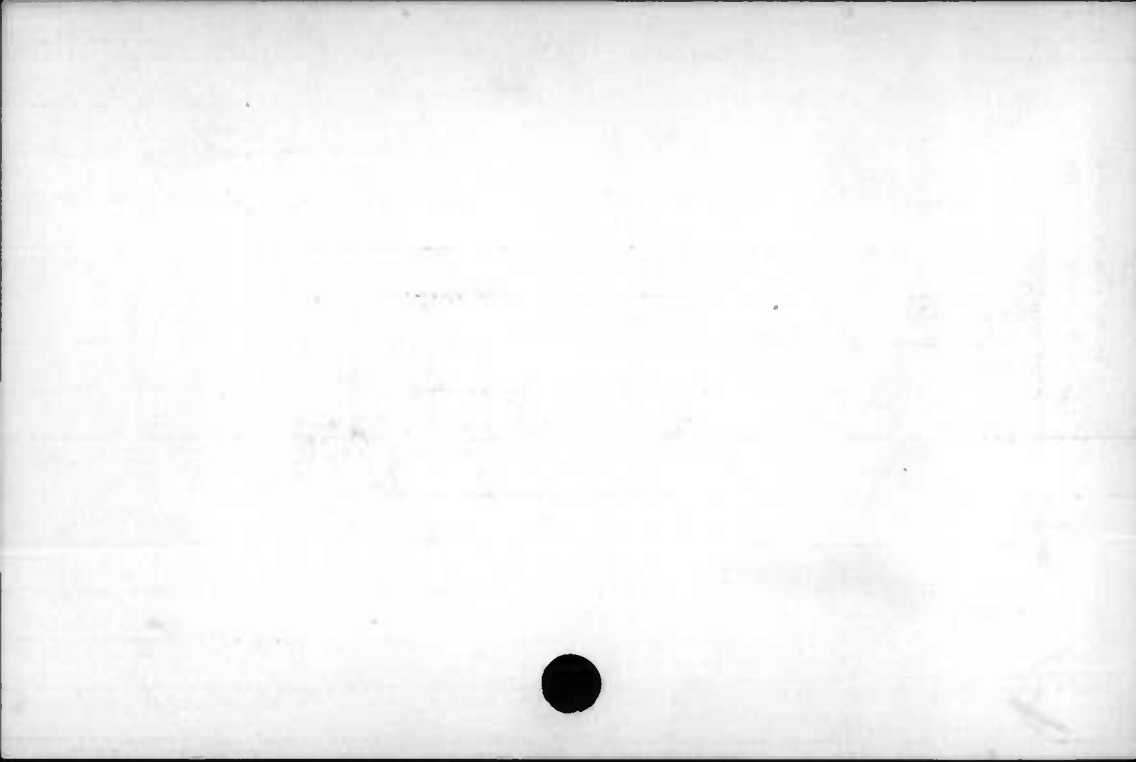
No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		(Thomas Jones) Tramps				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Cumberland</i>		County <i>Allegh</i>		MARYLAND		
	Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>12</i>	Years <i>48</i>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Don't know</i>		
	Occupation <i>claimed to be. Iron Worker.</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Don't know</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>				
	Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>report from Police Station.</i>				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			How long			
	Immediate <i>suffocated on a Brick Kiln</i>			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. H. May, Coroner</i>			
	<i>Stein</i>			Address <i>Cumberland Md</i>			
Accident or Suicide?							

174





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Ruth Jeannette Jordan*  
*Chilberland* <sup>Town</sup> *Alleg* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Dec* <sup>Day</sup> *26* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *5*Sex *Female* Color or Race *White* Birth-place *Chilberland*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Vernon Jordan* Father's Birthplace *Ind*Mother's Maiden Name *Sarah Frothingham* Mother's Birthplace *Wales*Name of person giving information *Vernon Jordan* How related to deceased *Father*

## CAUSES OF DEATH

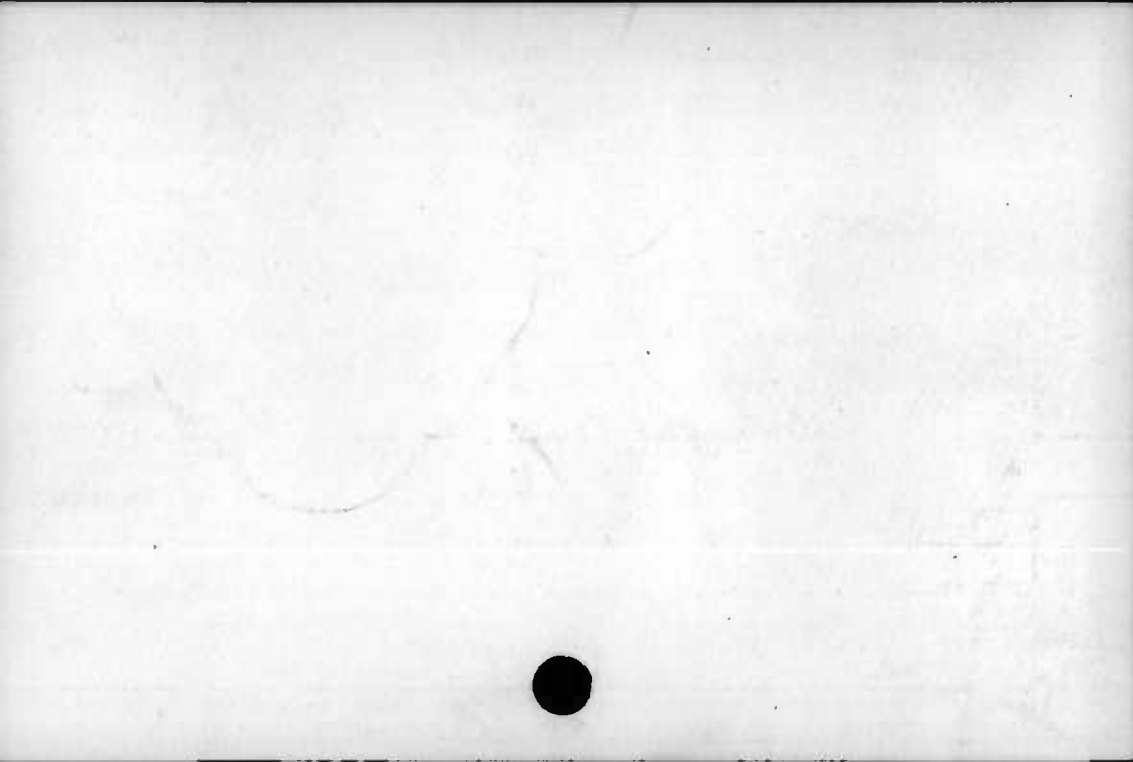
179

PHYSICIAN  
OR CORONERPrimary Cause *unknown found dead by mother* How long *—*Immediate *was only 4 or 5 days old has not been sick* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Brown*Address *Chilberland*  
*Hoon* *Ind*

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Infant Knapp</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Somerset</i> Town		Age <i>—</i> Years		Months <i>—</i> Days <i>2</i>	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>28</i>			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Knapp</i>		Father's Birthplace <i>Somerset</i>			
Mother's Maiden Name <i>Cornie Wilson</i>		Mother's Birthplace <i>Somerset</i>			
Name of person giving information <i>Annie Knapp</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Prematurity</i>	How long	<i>2 days</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock M.D.</i>	
Accident or Suicide? <i>no</i>		Address <i>Somerset Md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Jessie Leasure</b>		Town <b>Cumtland</b>		County <b>Allegheny</b>		MARYLAND	
Date of death <b>1907</b>		Month <b>Dec</b>	Day <b>26</b>	Age <b>43</b>	Years <b>—</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>male</b>		Color or Race <b>White</b>		Birth-place <b>Bedford Pa</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Margnette Leasure</b>					
Father's Name <b>Joseph Leasure</b>		Father's Birthplace <b>Pa</b>					
Mother's Maiden Name <b>Do not know</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>Margnette Leasure</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <b>Diabetes</b>	How long <b>9 mos.</b>
Immediate <b>Coma</b>	How long <b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. H. [unclear]</b>
<b>Stein</b>	Address <b>Cumtland</b>
Accident or Suicide?	<b>No</b>



Name  
in  
Full

Margaret Leidingger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Valley Road <sup>County</sup> AllegDate of death 1907 <sup>Month</sup> Dec. <sup>Day</sup> 3 <sup>Age</sup> 65 <sup>Years</sup> 6 <sup>Months</sup> 2 <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> MdOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of ~~Wife~~ Husband</sup> Kirklaus Leidingger

Father's Name Reinhard

Father's Birthplace Germany.

Mother's Maiden Name Do not know

Mother's Birthplace Do not know

Name of person giving information Joseph J. Leidingger

How related to deceased Son.

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Valvular Heart disease

How long About 10 years

Immediate Larva of Death

How long half hour

Are the name, age, sex, color, date and place correctly given above?

yes

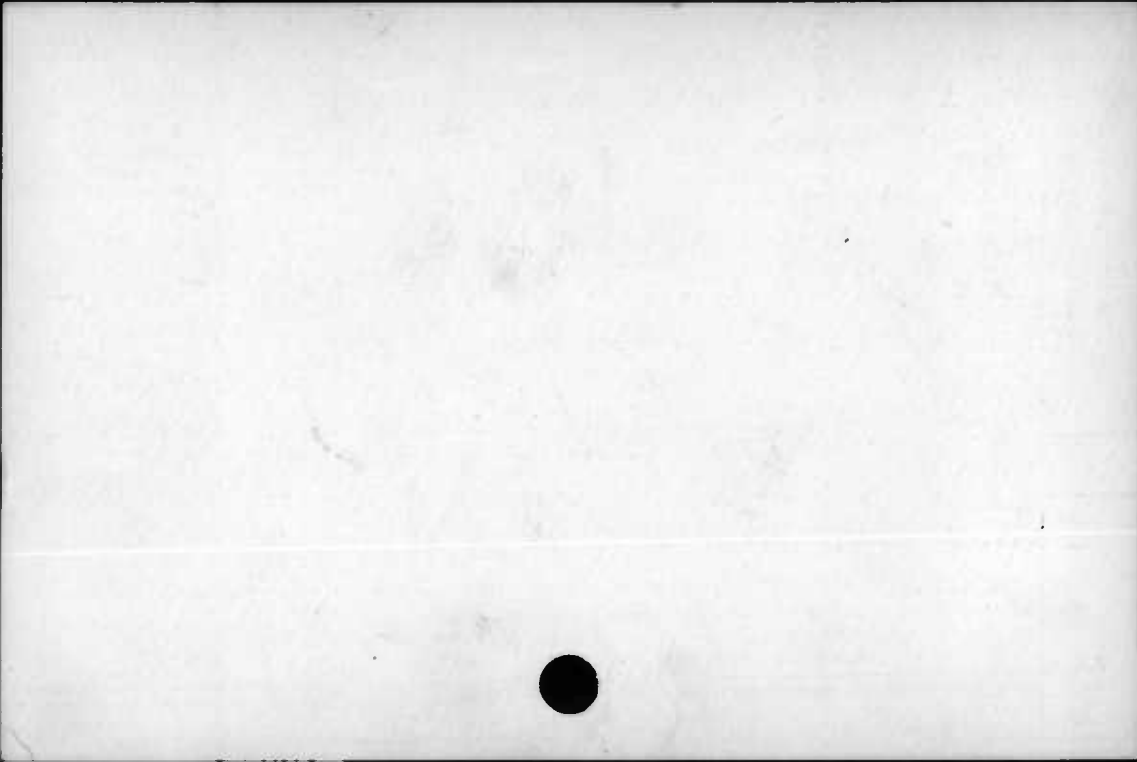
Signature of Physician

Address

J. J. Leidingger  
Tennessee

Accident or Suicide?

—





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

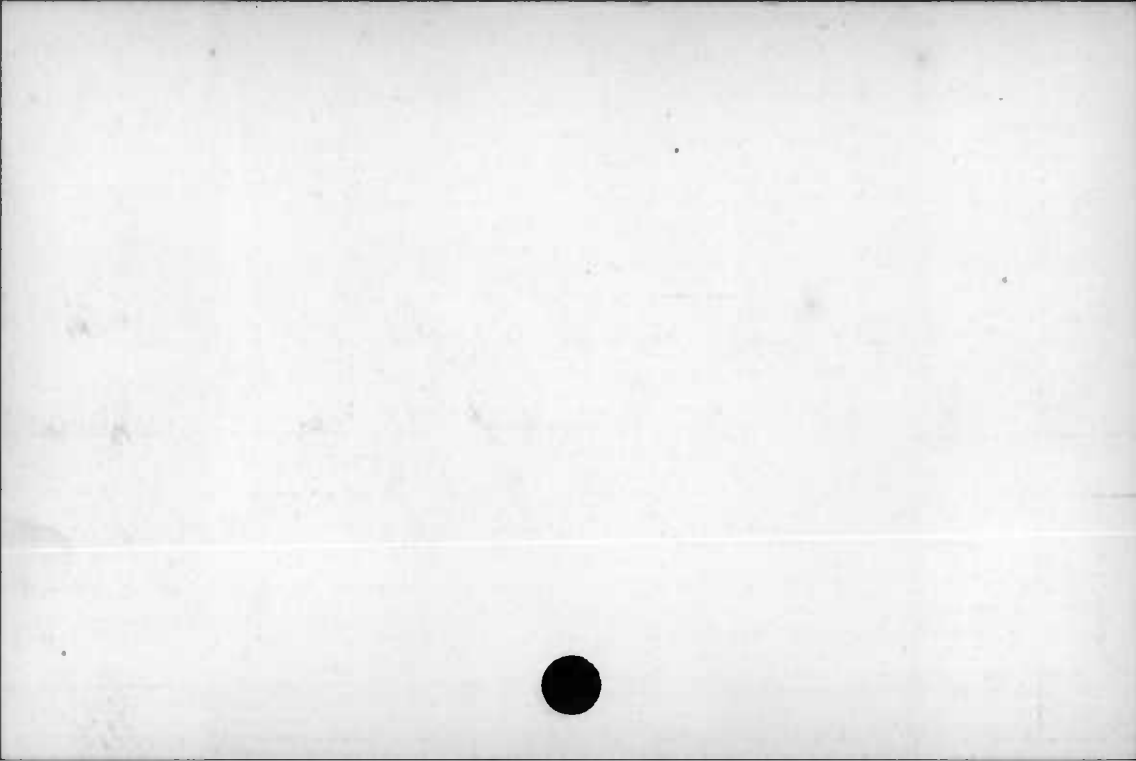
Died at <i>Wet Sorage</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Dec	Day	6
Age	7	Years	8	Months	
Sex	Female	Color or Race	W light	Birth-place	Wt Sorage
Occupation	Schoolgirl	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Augustine Mc Dermitt			Father's Birthplace	Wtd
Mother's Maiden Name	Katherine Waller			Mother's Birthplace	Wtd
Name of person giving information	Frank Mc Dermitt			How related to deceased	Uncle

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Membranous Croup</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>F. Allen G. Murray</i>	
		Address	
		<i>Wet Sorage</i>	
		<i>Wtd</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Francis Farrell McConough*

Town *Smearonia* County *Allegheny*

Died at *Smearonia*

Date of death *1907* Month *Dec* Day *17* Age *31* Years Months *8* Days *2*

Sex *Female* Color or Race *White* Birthplace *McSavage*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm McConough*

Father's Name *Patrick Farrell* Father's Birthplace *Ireland*

Mother's Maiden Name *Sarah Conlin* Mother's Birthplace *McSavage*

Name of person giving information *Wm McConough* How related to deceased *Husband*

## CAUSES OF DEATH

193

PHYSICIAN  
OR CORONER

Primary *Pleuro-Pneumonia* How long *10 days*

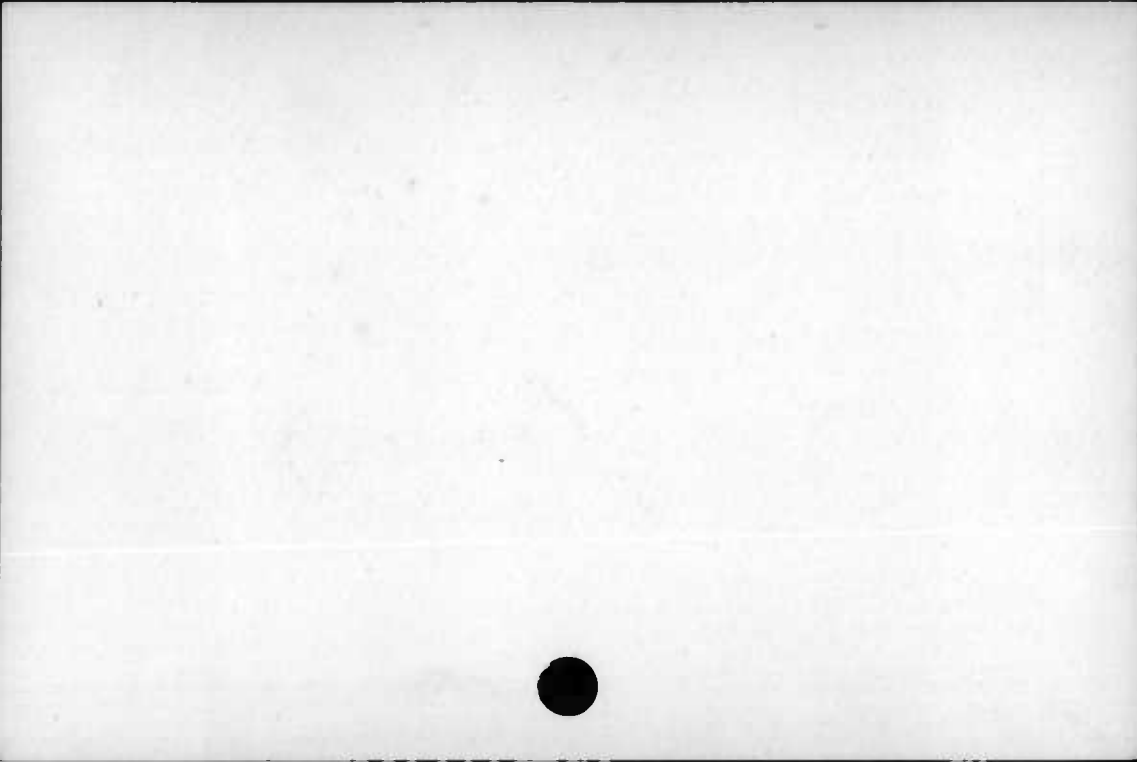
Immediate *Heart Failure* How long *3 days -*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James C. Bullock M.D.*

Address *Smearonia Md.*

Accident or Suicide? *no*



Name  
in  
Full

CERTIFICATE OF DEATH

Henry Maicher  
Town Alum House

County

acringhay

MARYLAND

Date

of death 1907

Month

Dec

Day

10

Age

Years

89

Months

-

Days

-

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Butcher

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Theresa Maicher

Father's  
Name

Do not know

Father's  
Birthplace

Do not know

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Do not know

Name of person giving  
In formation

Joseph Smoler

How related  
to deceased

Nephew

CAUSES OF DEATH

154

Primary

Old age

How long

0

Immediate

Exhaustion

How long

3 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. F. Twigg

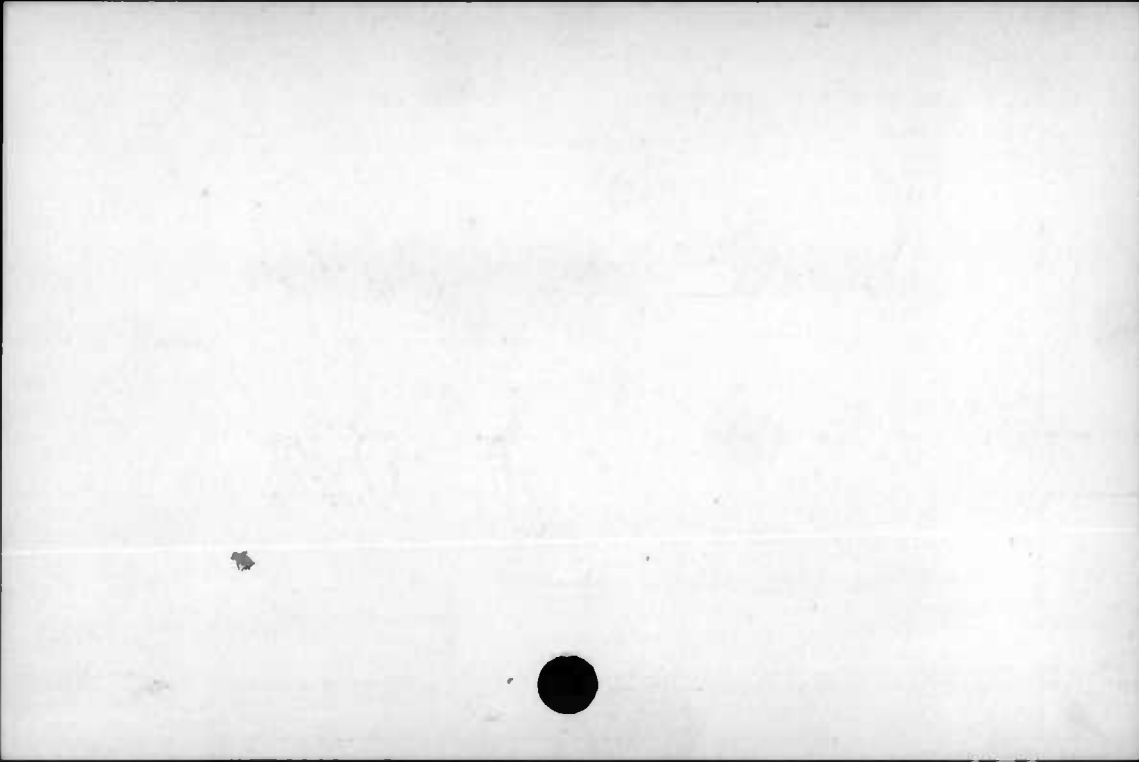
Address

Cumtland,  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Edwin Lewis Mehlberth

Town

County

MARYLAND

Died at Cumberland

Allegheny

Date

Month

Day

Years

Months

Days

of death

1907

Dec

30

Age

—

—

7

Sex

Male

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

none

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

George W Mehlberth

Father's  
Birthplace

Cumberland

Mother's  
Maiden Name

May Josephine Dahl

Mother's  
Birthplace

Cumberland

Name of person giving  
In formation

George W Mehlberth

How related  
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature birth

How long

7 days

Immediate

Premature birth

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. L. Chaille M.D.

Address

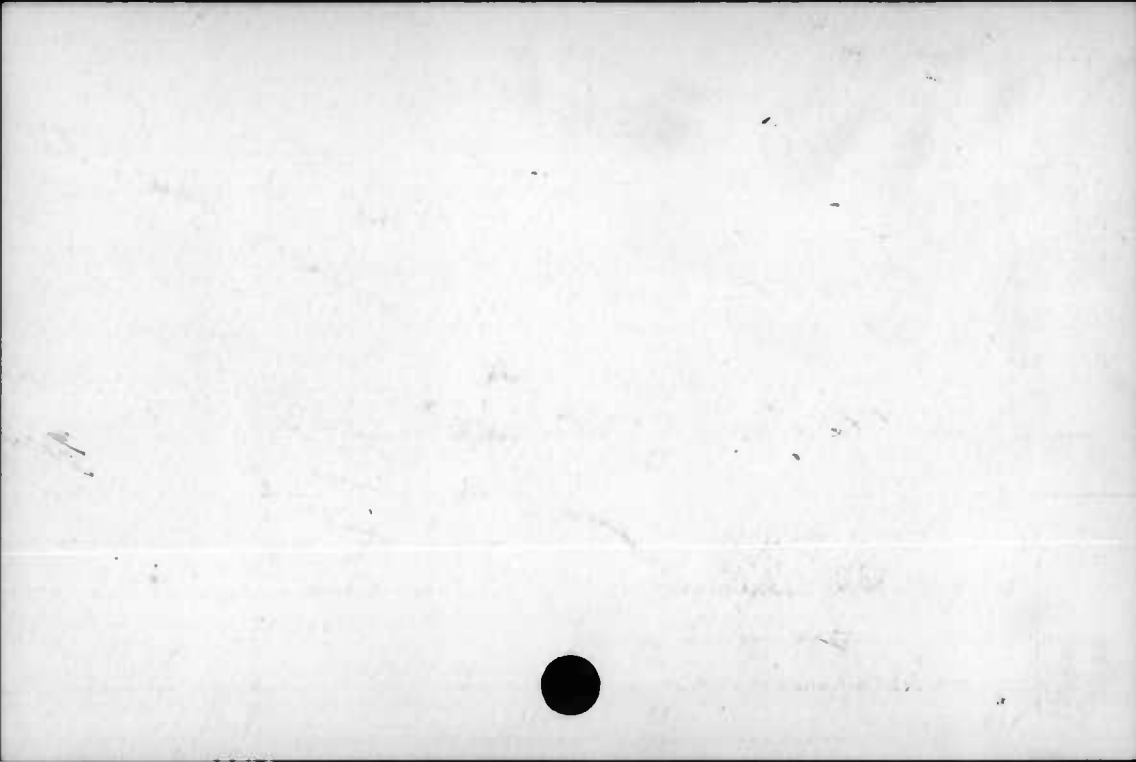
270 W. Mechanics  
Cumberland, Md

Accident or Suicide?

Steen

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Rosa Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

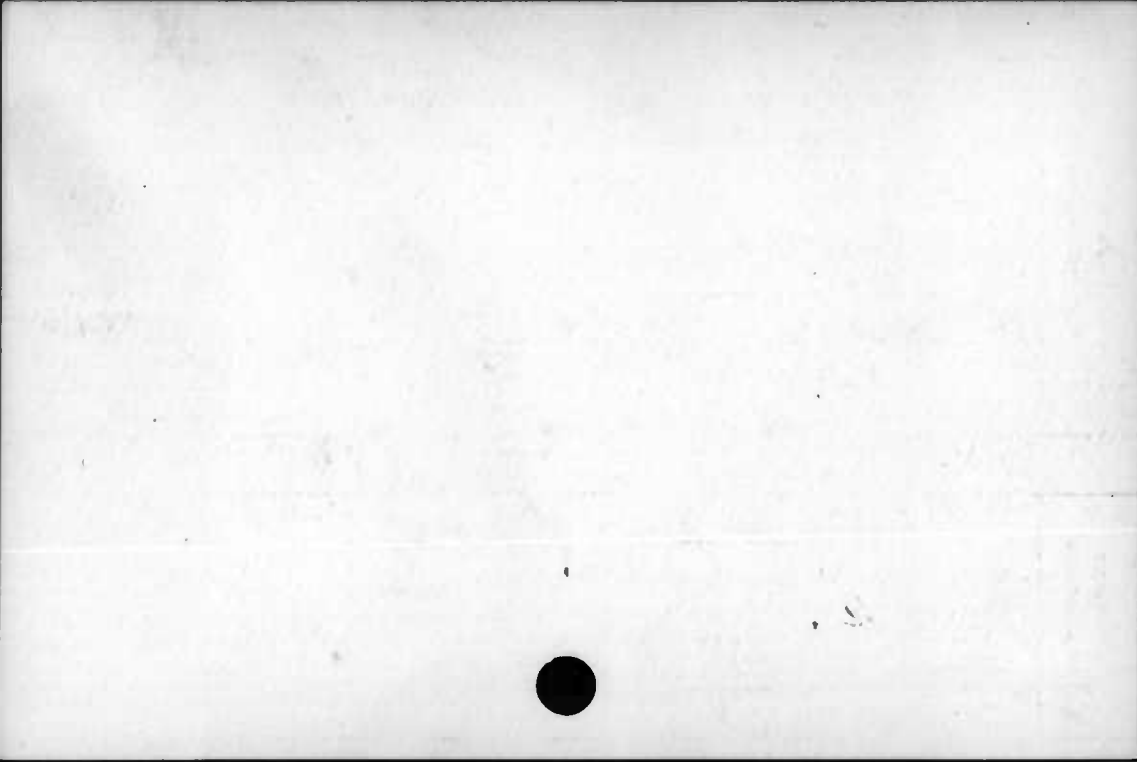
Died at		Town f. Cumberland		County Allegany		MARYLAND	
Date of death	1907	Month Dec	Day 21	Age 6	Years 9	Months 12	Days
Sex	female		Color or Race	white		Birth-place	Cumberland Md
Occupation	school-girl			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Nicholas Morris				Father's Birthplace	Cumberland Md	
Mother's Maiden Name	Lilly Metz				Mother's Birthplace	Bartons Md	
Name of person giving information	Nicholas Morris				How related to deceased	Father	

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	Extensive burn from fire		How long	12 hrs
Immediate	Shock & exhaustion		How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. L. Owens M.D.	
Stem		Address Cumberland Md		
Accident or Suicide?		accident		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Anna Mosier</i>			County <i>accashay</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>Dec</i>	Day <i>5</i>	Age <i>23</i>	Years <i>10</i>	Months		Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>				
Occupation <i>Wife</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>		Name of <del>Wife</del> Husband <i>George Mosier</i>						
Father's Name <i>Do not know</i>				Father's Birthplace				
Mother's Maiden Name <i>Rebecca Martin</i>				Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>George Mosier</i>				How related to deceased <i>Husband</i>				

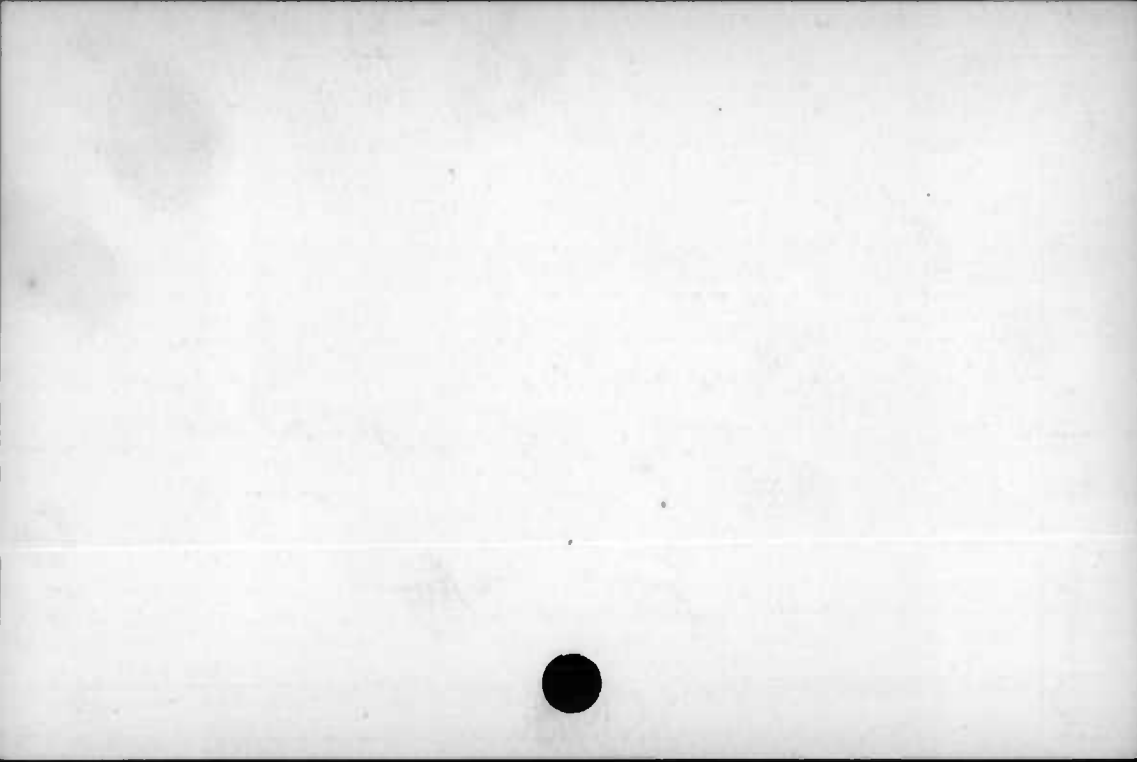
## CAUSES OF DEATH

**(27)**PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>2 yrs</i>
Immediate <i>Ciphaustein</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. [Signature]</i>
<i>Scenic</i>	Address <i>Accashay, W. Va.</i>
Accident or Suicide?	

Saco River W. Va.  
Mineral Co.

Name in Full		CERTIFICATE OF DEATH			
Ellen Nasmith.		Town <i>Frostburg</i>		County <i>Alleghany</i> MARYLAND	
Died at		Date of death		Age	
		<i>1907 12 3</i>		<i>65 1 23</i>	
Sex <i>F</i>		Color or Race <i>N</i>		Birth-place <i>Scotland</i>	
Occupation <i>H. N.</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>John Nasmith</i>			
Father's Name <i>Wm Cherry</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Ellen Hallin</i>		Mother's Birthplace <i>Scotland</i>			
Name of person giving information <i>James Nasmith</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
Primary <i>Carcinoma of Stomach</i>		How long <i>About 1 yr</i>			
Immediate <i>Aortic Regurgitation</i>		How long <i>6 months</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. M. Lane</i>			
		Address <i>Frostburg Md</i>			
Accident or Suicide?					

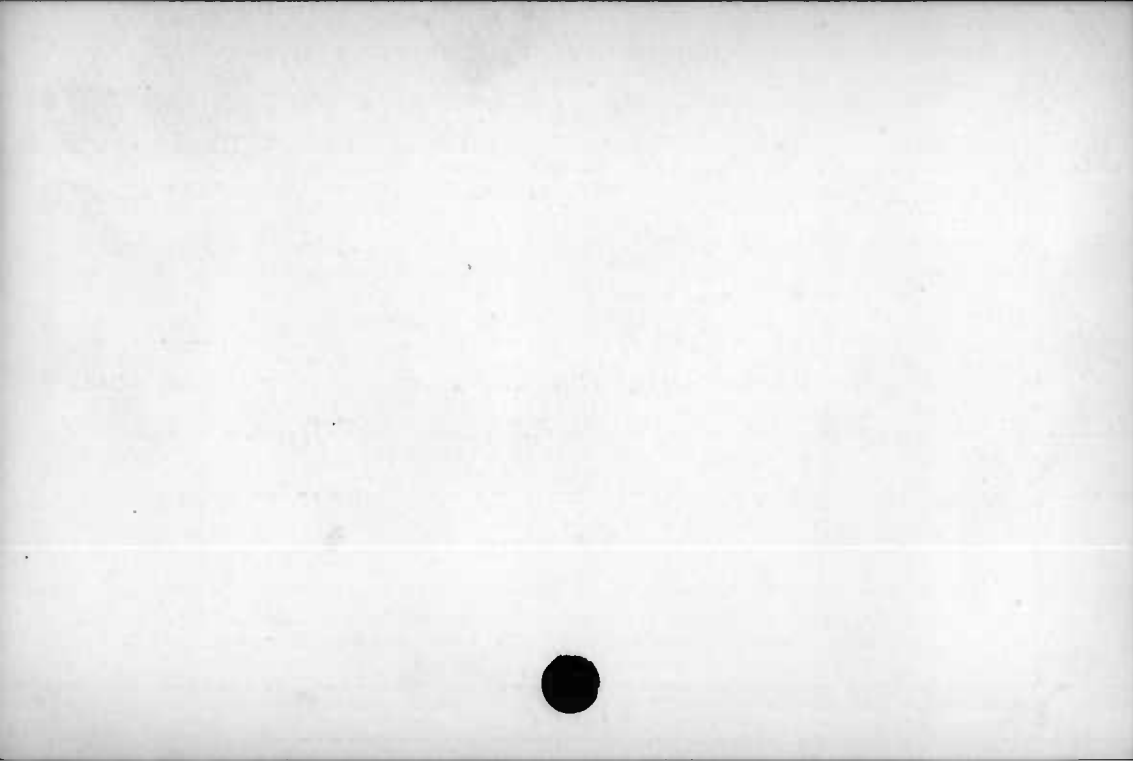


Name in Full		CERTIFICATE OF DEATH			
Henry K. Neff		Town Frostburg		County Allegany	
Died at		MARYLAND			
Date of death	1907	Month	12	Day	13
Age	50	Years	4	Months	19
Sex	M.	Color or Race	W.	Birth-place	Maryland
Occupation	Teamster		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Ellen Neff		
Father's Name	Thos W. Neff		Father's Birthplace Maryland		
Mother's Maiden Name	Lavina E. Koonz		Mother's Birthplace Maryland		
Name of person giving information	Walter Cook		How related to deceased Brother-in-law.		
CAUSES OF DEATH					
Primary		Apoplexy Paralysis		How long } 6 days	
Immediate				How long }	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		L. W. M. Lane	
		Address		Frostburg Md.	
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

64





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

8

James Nelson

## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	30		4	5	22
Sex		Color or Race		Birth-place			
Male		White		Sonoma			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Duncan Nelson		Cumberland					
Mother's Maiden Name		Mother's Birthplace					
Barbara Swann		Sonoma					
Name of person giving information		How related to deceased					
Mrs Nelson		Mother					

## CAUSES OF DEATH

71

Primary	Cerebral Meningitis Acute	How long	2 days -
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		James O. Bullock M.D.	
		Address	
		Sonoma N.C.	
Accident or Suicide?			
No			



Name  
in  
Full

John Nolte

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

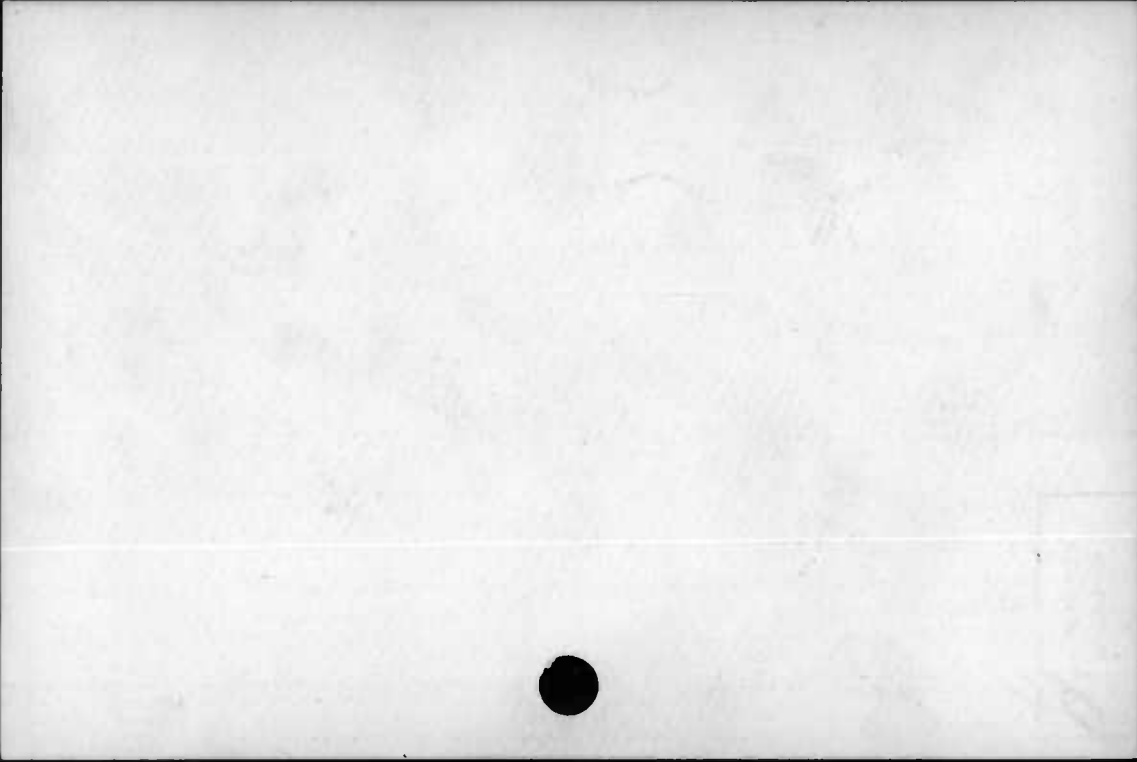
Died at <u>Cumula</u> <sup>Town</sup>		<u>Alleg</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Dec	Day	31
Age	75	Years		Months	5
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Shoemaker		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Amelia Nolte</u>			
Father's Name	Dont Know			Father's Birthplace <u>Dont Know</u>	
Mother's Maiden Name	<u>Amelia Oldhoist</u>			Mother's Birthplace <u>Dont Know</u>	
Name of person giving information	<u>Hermann Nolte</u>			How related to deceased <u>Son</u>	

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<u>Senile Dementia</u>	How long	<u>Several months</u>
Immediate	<u>Broncho Pneumonia Exhaustion</u>	How long	<u>One week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. Jackson</u>
		Address	<u>Cumula Mont</u>
Accident or Suicide?	<u>No</u>		<u>Fightman</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

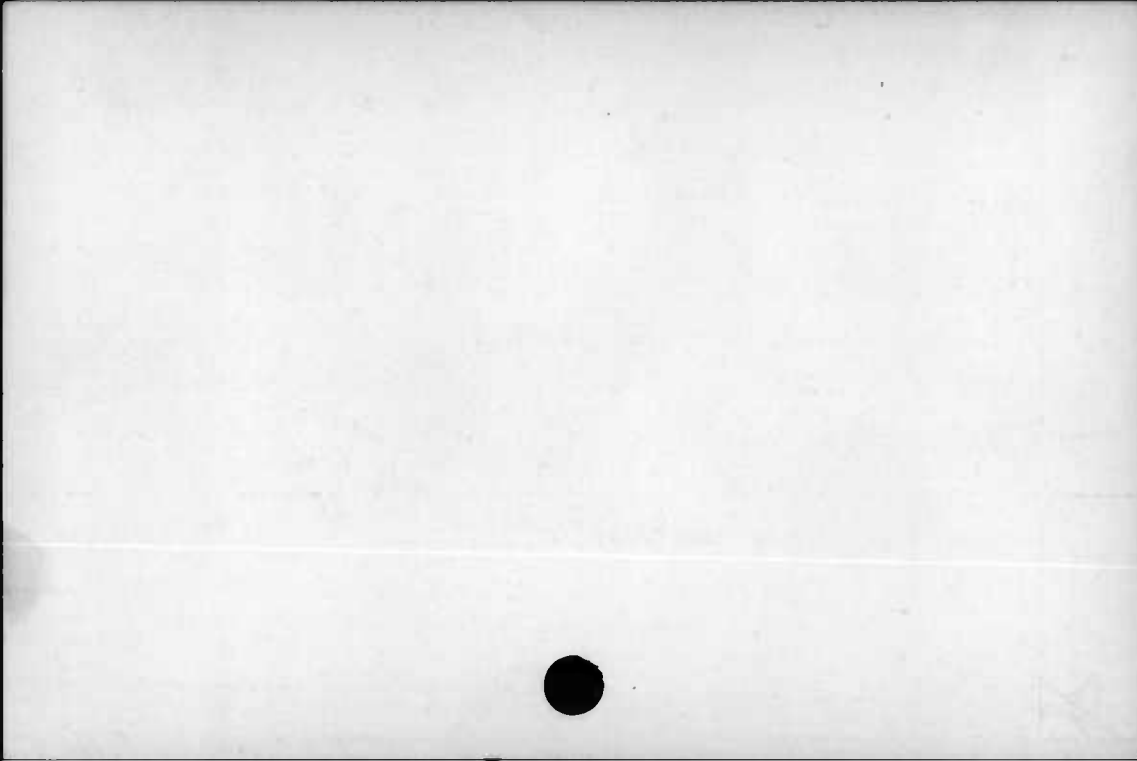
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec	29	Age		12 hours	
Sex		Color or Race		Birth place			
Male		White		Md Savage			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Brudor				W Va			
Mother's Maiden Name				Mother's Birthplace			
Eliza Luick				W Va			
Name of person giving information				How related to deceased			
Eliza Brudor				Mother			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	7 mos
Immediate	Exhaust	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F Alan E. Mumma	
		Address	
		Md Savage	
Accident or Suicide?			



Name  
in  
Full

Valentine Rahrig.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumtard <sup>Town</sup> Allegheny <sup>County</sup> **MARYLAND**

Date of death 1907 <sup>Month</sup> Dec. <sup>Day</sup> 30 Age <sup>Years</sup> 70 <sup>Months</sup> 8 <sup>Days</sup> -

Sex Male Color or Race White Birth-place Cumtard

Occupation Laborer Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Anna Rahrig

Father's Name Peter Rahrig Father's Birthplace Germany

Mother's Maiden Name Sarah Brown Mother's Birthplace "

Name of person giving information Matthew Rahrig How related to deceased Son

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Valvular disease of heart How long one year

Immediate - How long -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. W. Miller

Address Cumtard, Md.

Accident or Suicide? No





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	6				
Sex		Color or Race		Birth-place			
male		White		Cranford			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed		Name of Wife or Husband					
-		-					
Father's Name		Father's Birthplace					
Louis Ruffler		I Tag					
Mother's Maiden Name		Mother's Birthplace					
Caroline Parise		I Tag					
Name of person giving information		How related to deceased					
Luis Ruffler		Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born at 7 months.	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		James J. Johnson, M.D.
Lester		Address
		Dr. J. J. Johnson
Accident or Suicide?		

Ref

Name  
in  
Full

Caroline Ruffe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Camden* County *Acceyhay* MARYLAND

Died at *Camden*

Date of death *1907* Month *Dec* Day *6* Age *45* Years Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Italy*

Occupation *Wife* Where Residing if not at place of death *-*

Married, Single or Widowed *married* Name of ~~W~~ Husband *Louis Ruffe*

Father's Name *Do not know* Father's Birthplace *Italy*

Mother's Maiden Name *Do not know* Mother's Birthplace *Italy*

Name of person giving information *Louis Ruffe* How related to deceased *Husband*

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary *Organic heart disease* How long *2 years*

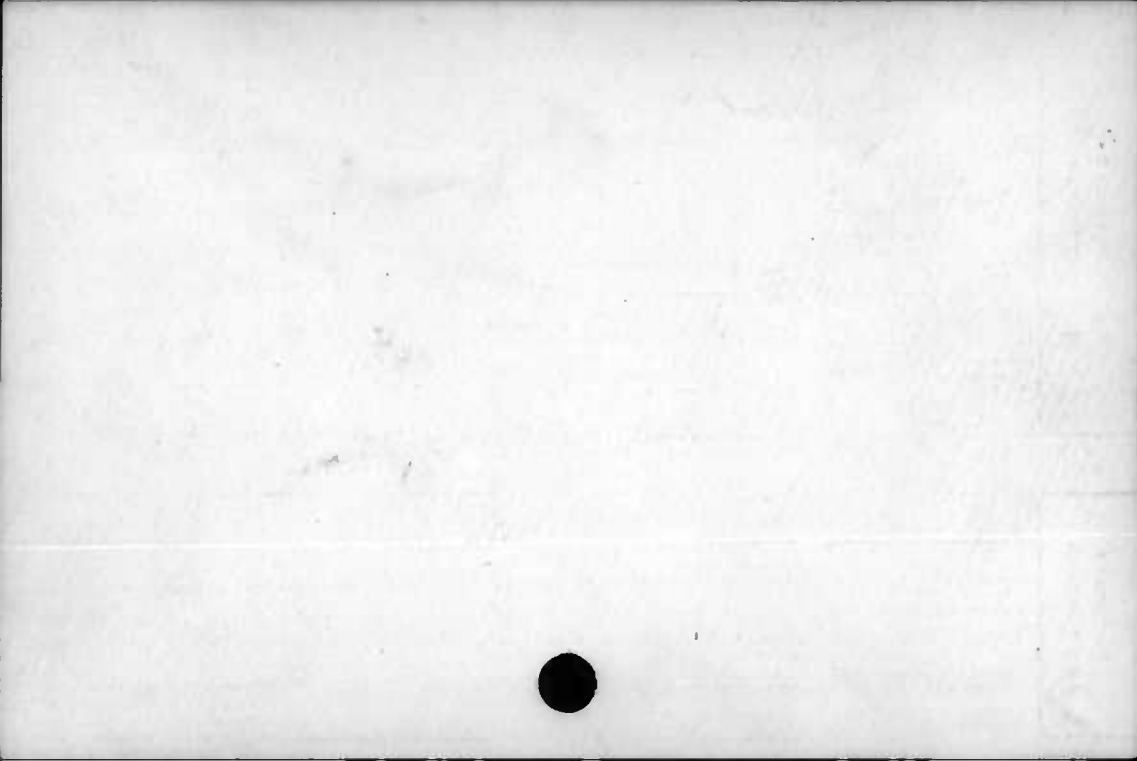
Immediate *Pneumonia & miscarriage* How long *2 days - 1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James J. Johnson, M.D.*

*Steele* Address *For. 42*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Russell

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

Dec

21

Age

64

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

none

Where Residing if not  
at place of death

Mt. Keeseport

Married, Single  
or Widowed

Widow

Name of ~~Wife~~ or  
Husband

Johnson Russell

Father's  
Name

James Herin

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Sarah Garritt

Mother's  
Birthplace

Scotland

Name of person giving  
information

Miss May Karns

How related  
to deceased

Daughter

## CAUSES OF DEATH

79

Primary

Organic Heart Disease

How long

6 hours

Immediate

Phlebotomy

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Thos. H. Brown

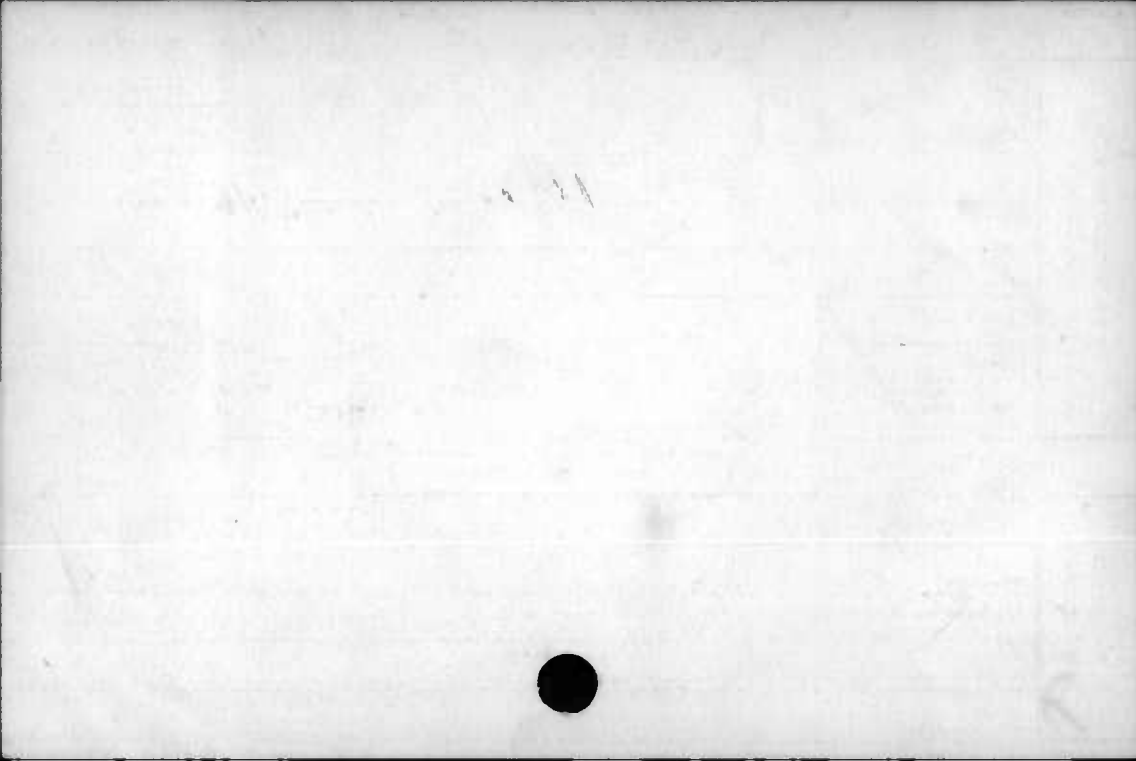
Address

Pinehurst

S. Room 700

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Regina May Scally

## CERTIFICATE OF DEATH

MARYLAND

Died at *Lond* Town

County

*alleysing*

Date

of death *1907*

Month

*Dec*

Day

*3*

Age

Years

*—*

Months

*—*

Days

*10*

Sex

*Female*Color or  
Race*White*Birth-  
place*Lond -*

Occupation

*— none*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*John Scally*Father's  
Birthplace*Penn a*Mother's  
Maiden Name*Lottie Chilcott*Mother's  
Birthplace*Hyndman Pa*Name of person giving  
information*Mr John Scally*How related  
to deceased*mother*

## CAUSES OF DEATH

**150**

Primary

*Deformity of Chest - Congenital*

How long

*10 days*

Immediate

How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*James O. Buelow, M.D.*

Address

*Immacine, Ill*

Accident or Suicide?

*no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Humeau Sloan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

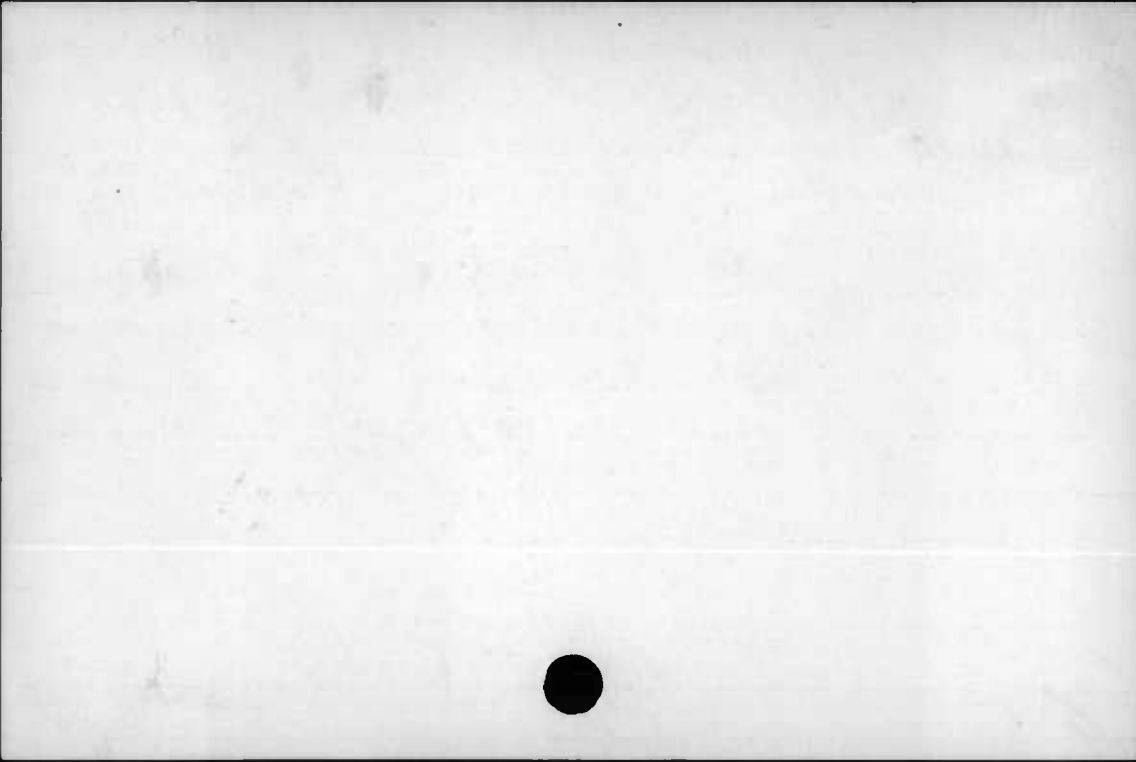
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec.	19			2	7
Sex		Color or Race		Birthplace			
Male		White		Loracomy Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Humeau Sloan				Loracomy			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Walker				Loracomy			
Name of person giving information				How related to deceased			
Mrs. Humeau Sloan				Mother			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	(Not seen)	How long
Immediate	Found dead in bed.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Henry M. Hodgson
		Address
		Loracomy Md.
Accident or Suicide?		
No		



Name  
in  
Full

Mary Lynch Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Wt. Sarag <sup>Town</sup> Allegany <sup>County</sup> **MARYLAND**

Date of death 1907 <sup>Month</sup> Dec <sup>Day</sup> 19 Age 33 <sup>Years</sup> 10 <sup>Months</sup>  <sup>Days</sup>

Sex Female Color or Race White Birth-place Ireland

Occupation Housewife Where Residing if not at place of death

Married, ~~Single~~ Married Name of Wife or Husband Chas Smith

Father's Name Michael Lynch Father's Birthplace Ireland

Mother's Maiden Name Mary Ann Evans Mother's Birthplace England

Name of person giving information  How related to deceased

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary Acute Dysentery & Colitis How long several years

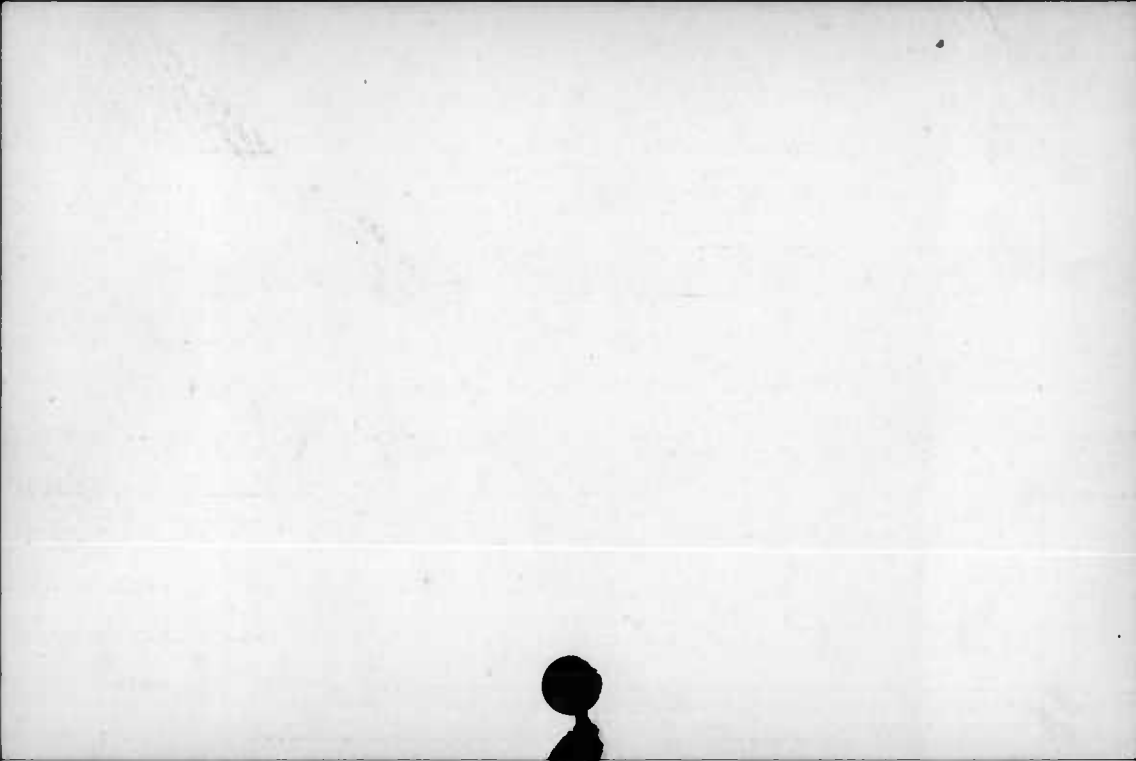
Immediate Acute Toxemia How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician F. Allan E. Murray, M.D.

Address Wt. Sarag Ireland

Accident or Suicide? Accident



Name  
in  
Full

## CERTIFICATE OF DEATH

Mrs. Mrs. Somerville

Town

County

MARYLAND

Died at

Date

of death

190

Month

Dec

Day

17

Age

Years

84

Months

10

Days

Sex

Female

Color or  
Race

White

Birth  
place

Scotland

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of ~~Wife~~  
Husband

John Somerville (deceased)

Father's  
Name

William Russell

Father's  
Birthplace

Scotland

Mother's  
Maiden Name

Margaret Bowman

Mother's  
Birthplace

Scotland

Name of person giving  
Information

John Somerville

How related  
to deceased

Son

## CAUSES OF DEATH

91

Primary

Smile debility

How long

One year

Immediate

Chronic Bronchitis

How long

Three months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. B. Skilling, M.D.

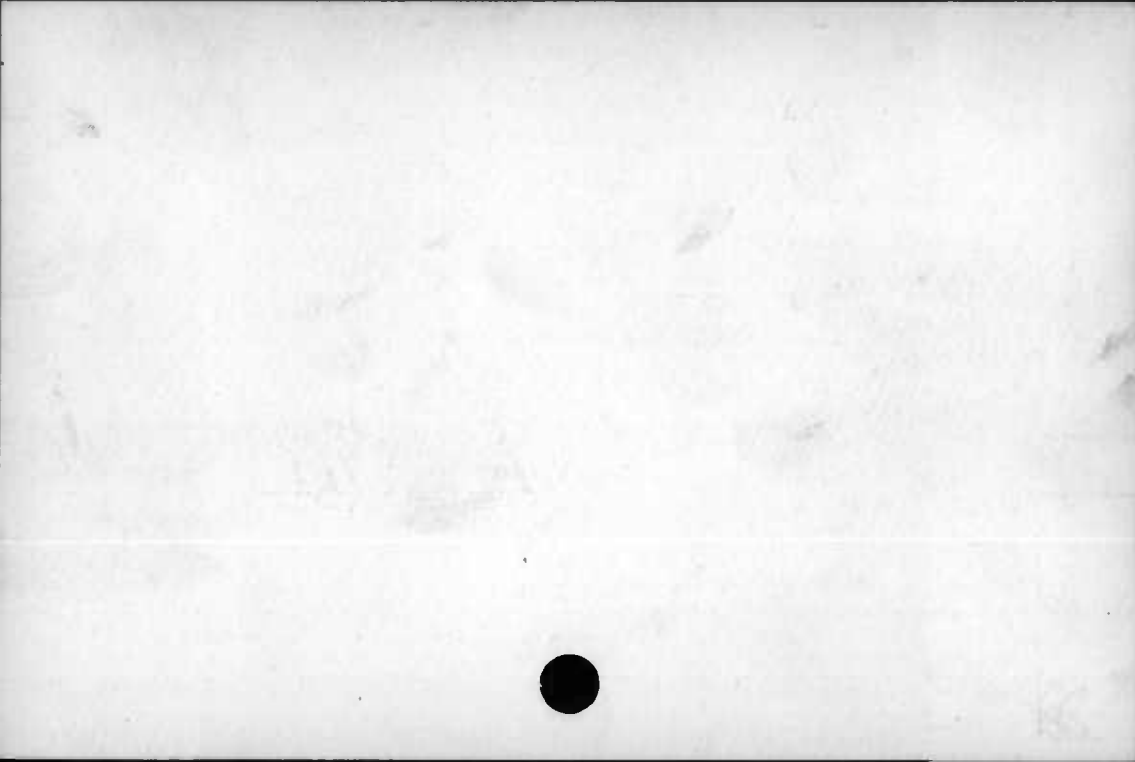
Address

Lomacomy,

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

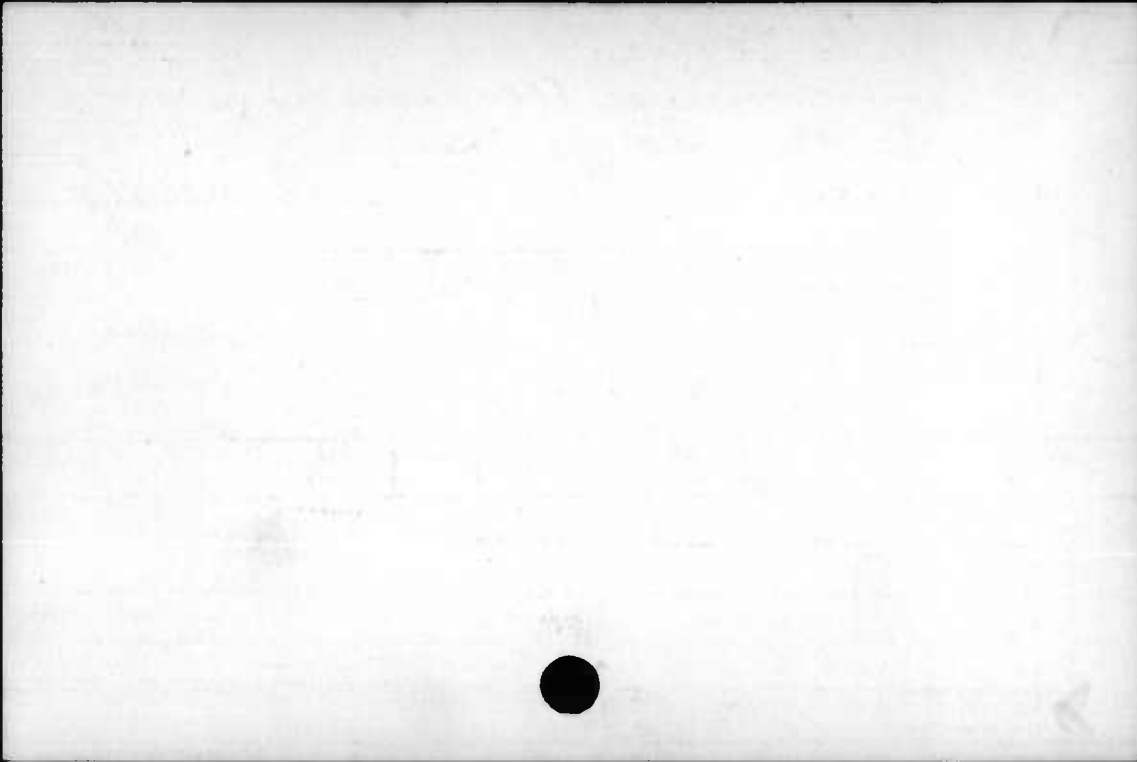
Name in Full <i>Mary a Stappleton</i>		Town <i>near Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>near Cumberland</i>		Month <i>Dec</i>		Day <i>13</i>		Years <i>46</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>13</i>		Age <i>46</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Vale Summit Md</i>		Months <i>-</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>John Stappleton</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Marguerite May</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Wm. Stappleton</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary <i>Ulcerating Stomach</i>	How long <i>Seven months</i>
Immediate <i>General Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. W. Nelson</i>
<i>Stomach</i>	Address <i>W. Va.</i>
Accident or Suicide? <i>-</i>	





Name in Full *Sarah-M. Taylor*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

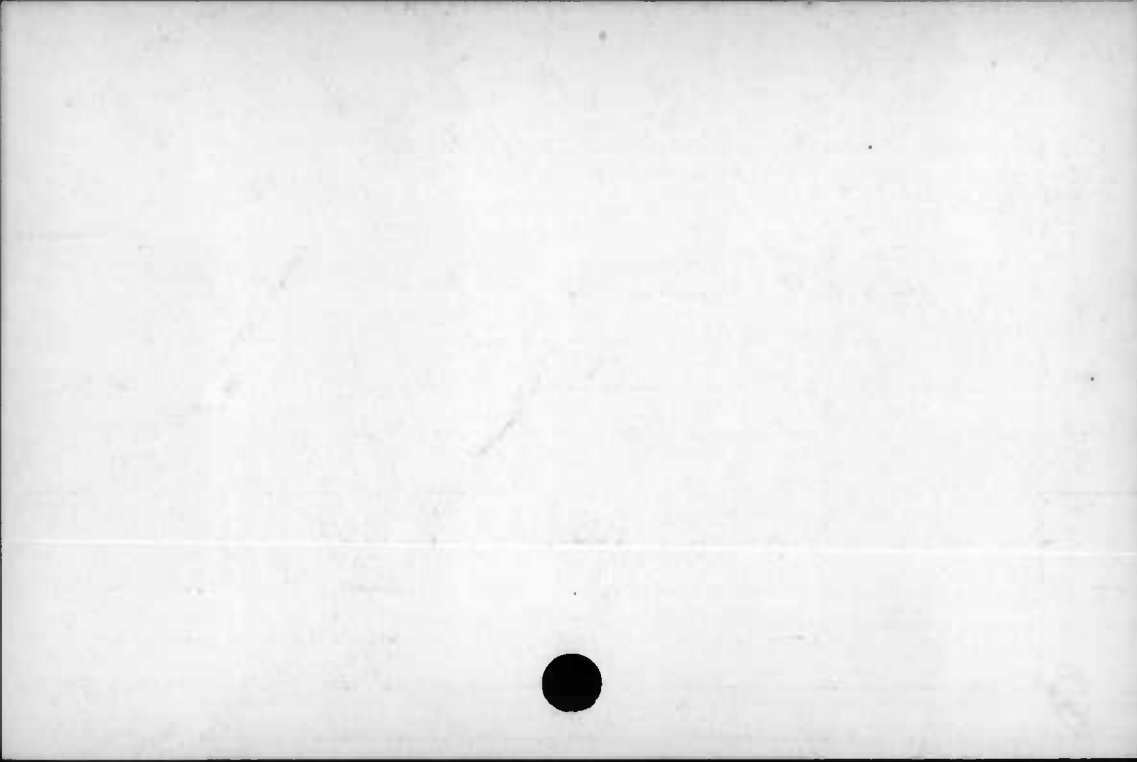
Died at <i>Cumtubunus Allegany</i>		County		State	
Date of death	1907	Month	12	Day	31
Age		73		Years	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Townallytown</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>J. B. Taylor</i>			
Father's Name	<i>A. Swiford</i>		Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name	<i>Catharine Moore</i>		Mother's Birthplace <i>Prince Georges</i>		
Name of person giving information	<i>J. B. Taylor</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary	<i>Interstitial Nephritis</i>	How long	<i>Some time</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Brace M.D.</i>	
		Address <i>Cumtubunus Md</i>	
Accident or Suicide?			



Name  
in  
Full

Baby Tennent

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Louacomy</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1907	Month	April	Day	13
Sex	male	Color or Race	White	Age	Years _____ Months _____ Days <u>One</u>
Occupation	_____		Birth-place	<u>Louacomy</u>	
Married, Single or Widowed _____			Where Residing if not at place of death _____		
Father's Name <u>William Tennent</u>			Father's Birthplace <u>Louacomy</u>		
Mother's Maiden Name <u>Barbara McMillan</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Wm. Tennent</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born child.</u>	How long	_____
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Henry M. Hodgson M.D.</u>
		Address	<u>Louacomy, Md.</u>
Accident or Suicide?	<u>No</u>		



Name  
in  
Full

(Stillborn)

Thompson

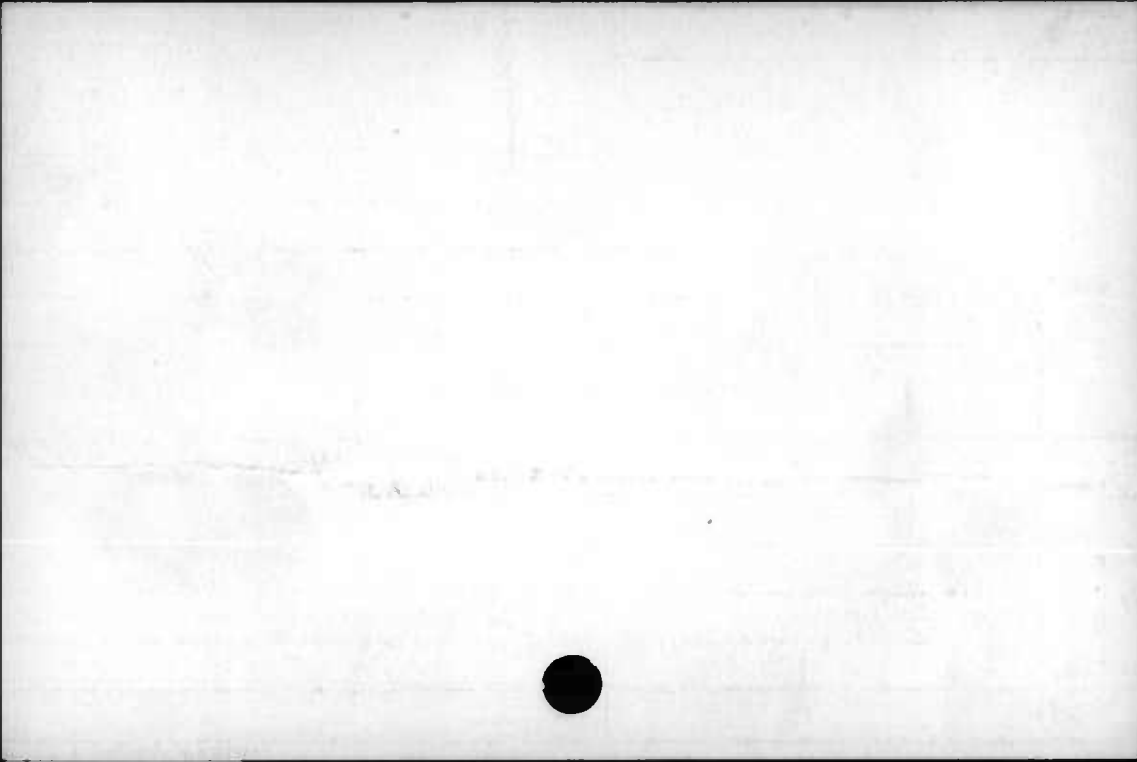
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So Cumberland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>DEC</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm. P. Thompson</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Hattie Lever</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER <i>St</i>	Primary <i>Possibly Specific</i>	How long <i>Stillborn</i>
	Immediate <i>Unknown</i>	How long <i>Stillborn</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadus</i>
	Address <i>Cumberland</i>	
Accident or Suicide? <i>No</i>		<i>Ind</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

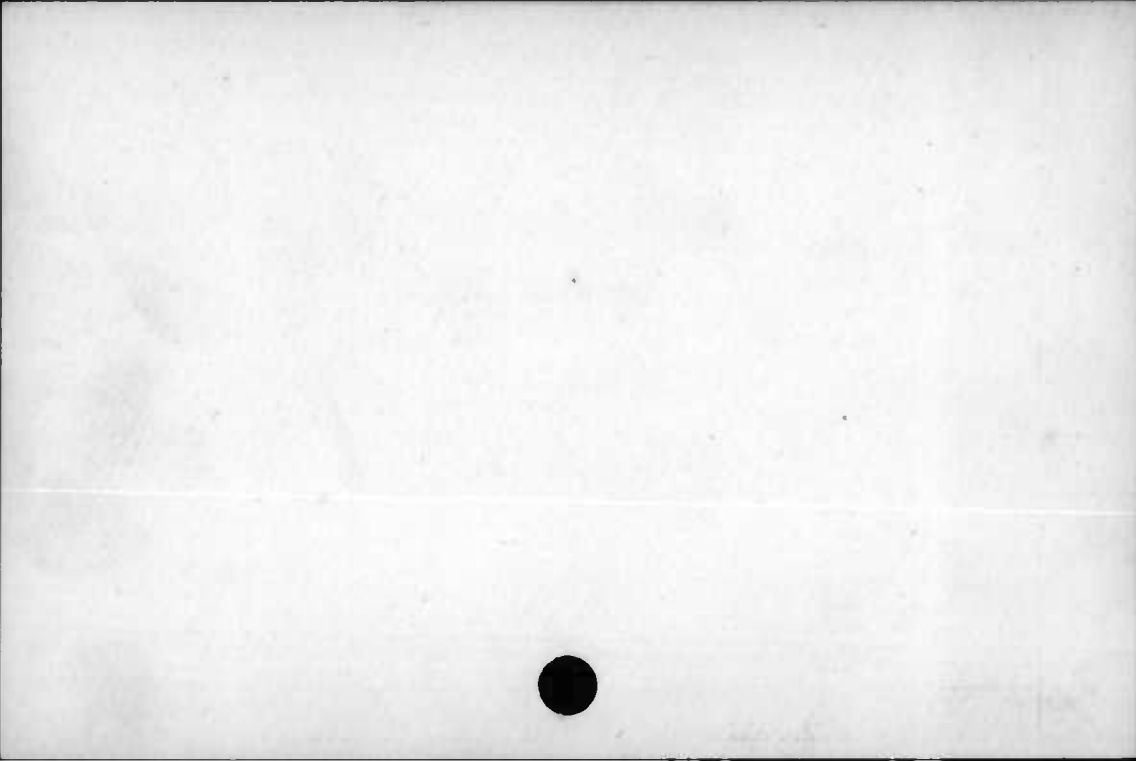
Name <i>Helene Corddell</i>		Town <i>Louisa</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Louisa</i>		Month <i>Dec</i>		Day <i>5</i>		Age <i>7</i>	
Date of death <i>1907</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Louisa</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Douglas Corddell</i>				Father's Birthplace <i>Louisa</i>			
Mother's Maiden Name <i>Margaret Mason</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Douglas Corddell</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>five days</i>
Immediate <i>Meningitis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling</i>
<i>W. B.</i>	Address <i>51 Louisa</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

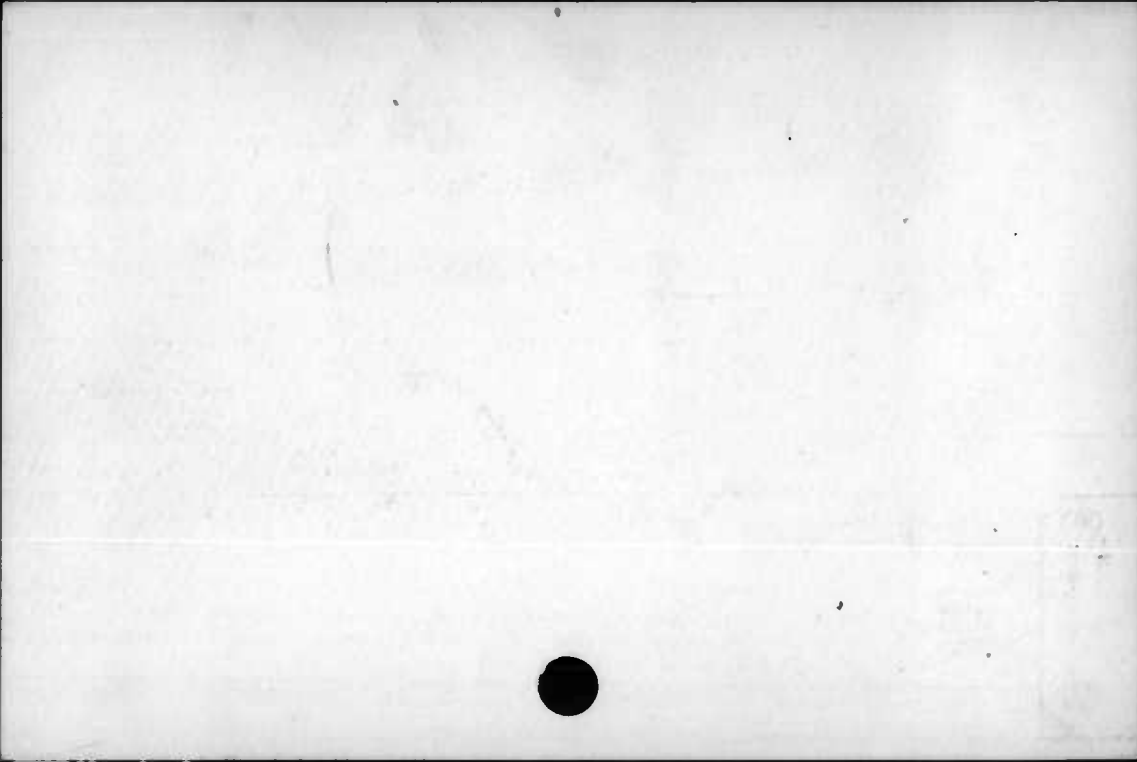
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>W. A. Wertz</i>		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>11</i>		Age <i>53</i>	
Date of death <i>1907</i>		Years <i>7</i>		Months <i>7</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>			
Occupation <i>AR Engineer</i>		Where Residing if not at place of death <i>76 Wagoner Pa</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Riley</i>					
Father's Name <i>John Wertz</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>Wm. S. Wertz</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Shot in the head</i>		How long <i>10 hrs</i>	
Immediate <i>Lacerated Brain</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. B. Leaybrook</i>	
Address <i>Steen</i>		Address <i>Clarksburg</i>	
Accident or Suicide? <i>Accident</i>			



Name  
in  
Full

Infant Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

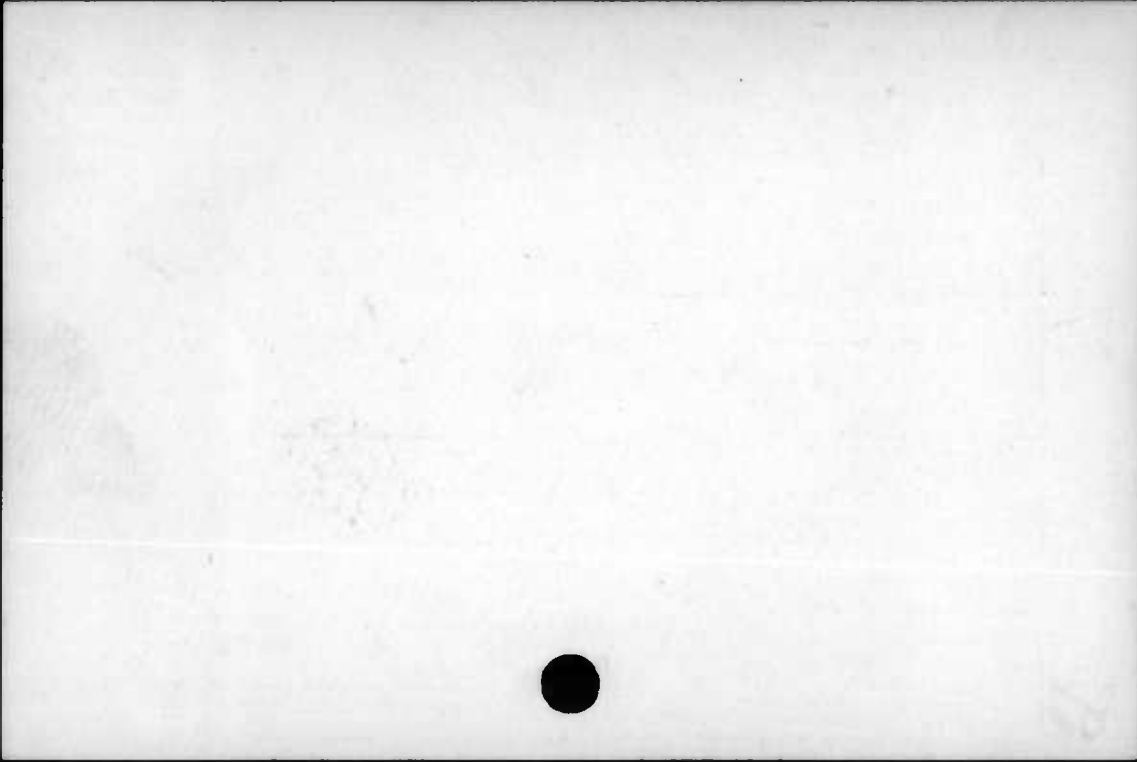
Died at <i>Lonsomring</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	1907	Month	Dec	Day	13
Age	—	Years	—	Months	5
Sex	Male	Color or Race	White	Birth place	Lonsomring
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	James Wilson		Father's Birthplace	Scotland	
Mother's Maiden Name	Elizabeth Samuels		Mother's Birthplace	Pekin	
Name of person giving information	Mrs. Jas Wilson		How related to deceased	Mother	

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	Spina bifida rather congenital deformity	How long	—
Immediate	Inanition	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Skilling
		Address	Lonsomring
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Infant of Miss Effie Zimmerman  
Near Cumberland Allegany

Died at <sup>Town</sup> *Cumberland* <sup>County</sup> *Allegany*

MARYLAND

Date of death 1907 <sup>Month</sup> *Dec* <sup>Day</sup> *29* Age <sup>Years</sup> *0* <sup>Months</sup> *0* <sup>Days</sup> *1*

Sex *Male* Color or Race *White* Birth-place *Allegany Co.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Unknown, Allegany* Father's Birthplace *Unknown*

Mother's Maiden Name *Effie Zimmerman* Mother's Birthplace *Md.*

Name of person giving information *Mrs. Geo Zimmerman* How related to deceased *Mother*

CAUSES OF DEATH

(151)

Primary *Immature Birth* How long *6 wks*

Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. I. Duggan*  
Address *Cumberland Md.*

Accident or Suicide? *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

11

Name  
in  
Full

Michels John

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	3	34			
Sex	Male	Color or Race	white	Birth-place	Italy		
Occupation	Brickworker			Where Residing if not at place of death	181 3 <sup>d</sup> St		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	McRae			Father's Birthplace	Italy		
Mother's Maiden Name	"			Mother's Birthplace	Italy		
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

Primary	Typhoid fever	How long	1 week
Immediate	Pneumonia & exhaustion	How long	2 da

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. H. Broadrup MD

Cumberland

Md.

Accident or Suicide?

